University of Alberta

MAPPING THE WORKPLACE INJURY:
A Process of Exploitation, Tactics and Medicine

by

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A thesis submitted to the Faculty of Graduate Studies and Research in partial fulfillment of the requirements for the degree of

MASTER OF ARTS

Department of Sociology

Edmonton, Alberta
Spring, 2006

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Your file Votre référence
ISBN: 0-494-13736-3
Our file Notre référence
ISBN: 0-494-13736-3

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This thesis is dedicated to the memory of my father, Frank Hense
for bestowing upon me a love for politics; and to my partner David Westra
for his never ending patience, humour and support

Abstract

This thesis is a multi-sited ethnographic account of workplace injury in the province of Alberta, Canada. It examines the interconnections between three sites: the Workers' Compensation Board of Alberta (WCB), the site of employment, and the site of injured workers' bodies. Through this examination, injury is described as a process of labour exploitation that is abstracted through the intersection between the discourse of medical science and the tactics of WCB. Important to the exploration of workplace injury, the commonsense notion of injury itself is challenged through a theoretically integrated model of cultural studies and political-economy. Specifically, Marxist views on exploitation are placed in conversation with the competing discourses that shape the space and time of injury. Foucauldian notions of tactics and resistance are used to demonstrate the ways in which some of these discourses dominate over others.

Acknowledgements

Firstly I would like to acknowledge the *Workers' Compensation Board—Alberta* (WCB) for providing me access to the claim files and the people I interviewed. Its willingness to support this kind of research shows it is an organization committed to learning and change.

My acknowledgement would be incomplete without mentioning the employers, WCB case managers, and injured workers who made the research possible. Taking the time to talk about such personal and sensitive matters is what made the research rewarding to me, and I hope to others interested in the subject of workplace injury.

Last, but not least, I want to thank my thesis committee, Dr. Sara Dorow, Dr. Harvey Krahn, and Dr. Karen Hughes for guiding my work while allowing me a great level of autonomy. I especially want to thank Dr. Dorow for her continued thought-provoking questions and sheer brilliance that kept me engaged on levels I could not have imagined.

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INTRODUCTION

One of the first, if not *the* first, plights of capitalism was the suffocation, disfigurement, dismemberment, and destruction of bodies. Though bodies have always suffered from work, the most obvious attribution to capitalism was and remains the unprecedented scale in which harm occurs through the process of labour. It is by these accounts of bodily catastrophe we learn that the *productive forces* of capitalism offer "reminder that the most important thing a worker ever produces is himself, himself in the fact of that kind of labour, or the broader historical emphasis of men producing themselves, themselves and their history" (Williams, 1973: 166). The saddened state of affairs is the bodily sacrifices workers make during that production and reproduction of themselves. It is a sacrifice because the reproduction of their bodies is not only the function of their own personal lives, but a sacrifice for society as set out through the relations creating capitalism. Their records of history, and of their own lives, are made through their own practices, acts, and sufferings through the process of *labour*. If it is true that the most important thing a worker produces is herself, then it is one of life's tragedies that her production be a sacrificial act of harm or injury. The mitigation of that sacrifice and the production of the self lies in the welfare state, and specifically the arm of that state commonly termed *the Workers' Compensation Board* (WCB). WCB's role is to make that sacrifice tolerable, and in so doing contributes to the reproduction of the labour relationship. Still, it would seem as though such life-altering sacrifices would call for a reaction and a reflexivity that would confront the relations through which that production was compelled. The absence of such confrontation, or smallness of it, is uncovered in my

discussion here, through examination of injury as a process in which WCB makes the unimaginable, acceptable.

Yet, the inscription of history and therefore of power-knowledge upon bodies is somehow missed, tolerated, or ignored as a satisfactory transformation of bodies (Foucault, 1980). To be injured at work is not assault, battery, murder or a crime of any sort. Injury is incorporated into a repeated set of practices that is part of what it means to labour; and to labour means to perform the normalized and expected practices of everyday life. We thereby live our capitalist histories over and over, recording as subjectivity the "effect of power which has been inscribed upon the surface" (Butler, 1990: 139) of our bodies and deeper. How as a people we have become so removed from what it means to *labour* that even bodily harm can be abstracted from its exploitative set of relations is daunting. To abstract bodily harm as something outside of the relations of exploitation—as something legitimate—seems mind-boggling to me. This is despite years of academic and hands-on exploration of the *workplace injury* topic. What I have learned stems from two strong lynchpins that mark that abstraction in very complex ways. One of those is the discourse of medical science. "The cognitive and social authority of medicine to describe our bodies affects how we experience our bodies and our selves" (Wendell, 1996: 118). Medical science produces the experience of injury as something seemingly different from labour. Medicine is detached[1] from capitalism and presented as value-free science that is of course anything but value-free. Like all knowledge it is inseparable from power and is therefore politically and socially and

[1] By stating that medicine is 'detached' from capitalism, I by no means imply that medicine and capitalism do not have close interrelationships. I am only referring to the existence of medical science as a discourse in its own right. We can and do speak of 'medical science' as a segregated body of knowledge in its own right.

culturally rooted. Knowledge-power is productive, and therein produces practices that benefit some over others (Foucault, 2003). The knowledge-power of medicine is no exception.

The second lynchpin lies in the bureaucratic tactics of governmentality—the ways that individuality is governed towards labour and economy, and how government compromises resistance with domination (Osborne, 1997). Governmentality involves a state that has become the only space for contestation (ibid.). Workers are neither mere receptacles for the exercise of power-knowledge nor the determined product of capitalism. The sacrifice of workers is also the product of the interplay between the tactics of governmentality and acts of resistance. Injury is thereby also a product of the strife, protest, and refutation by which workers reject the ways in which the space and time of their bodies are regulated by the government of their individuality (Foucault, 1982). In other words, they resist how they are categorized, labelled, and practiced upon by the tactics of government (Foucault, 1979_a). The close intermeshing between these two lynchpins of medicine and tactics is what I will describe later as *medeaucracy.* It will be explained as that process that abstracts in such powerful ways 'injury' as separate from the social and cultural realms that are embedded within it, by capitalism.

I think it is important not to speak of *medeaucracy* outside of the capitalist context through which it operates. To overstate the post-modern emphasis on the cultural would delegate my praxis to an exercise apart from the labour movement, and other movements of the left. I wish not to contribute to the "*factionalization* within the Left at the very moment in which welfare rights are being abolished, class differentials are intensifying across the globe, and the right-wing has successfully gained the ground of the 'middle'

effectively making the Left itself invisible" (Butler, 1997: 267). I feel it would be a mistake to interpret surface changes in capitalism as something radically different or post-modern (Harvey, 1989), and as such, I reject the removal of political-economy from the discourse through which the process of workplace injury occurs. My work is an uncomfortable but much needed integration between political-economy and cultural studies.

I centre that integration on the notion of *practice*. Human, social practice neither separates culture from economy, nor economy from culture (Williams 1973: 169). Practice is economic and cultural in the same instance. Yet, this does not reduce us to the micro-structure of cultural studies, as *practice* is also the *incorporation of structures* from what Bourdieu calls the *Field* (Bourdieu, 1998). The economic and cultural structures that mould exploitation of workers is incorporated into the practices of everyday life, and originate from the discourses that have cognitive authority over where we practice injury (Wendell, 1996), how we practice injury, and the practices that constrain how injury is practiced by others. While it may be true that the routinized practices of injury have a genealogy composed of the social norms produced by medical discourse, my project will also show it is structured by the relations of capitalism.[2]

To summarize, my thesis aims to redefine injury as a process. It is my hope this will uncover, for WCB, some of the injustices that occur upon workers, which can then be used to reshape the agency's policy and practices. Of central importance to this aim is

[2] It is important for the reader to know that I am aware that the integration between cultural studies and political-economy is problematic. I understand that the genealogy of history and the production of norms that make new social realities, does not mesh well with Marxist notion of social change. I am only offering 'practice' as one possible point of focus for the two theoretical camps to start composing similarities. I feel that both cultural studies and political-economy have a shared praxis. 'Practice' is one place where we can start a dialogue on social life as the product of both social relations, and the norms that make particular social practices possible.

the uncovering of injury as not the value-free, medical tragedy emerging from some modernist idea on happenstance or mistake. Workplace injury is not a 'natural' part of life, free from the socio-political relations from which it arises. In fact, a number of propositions derived from my research spell out many of my understandings on workplace injury as something very different from the medical science model. These propositions include: 1) The emergence of workplace injury as a product of the exploitation of workers by employers as first described by Marx; 2) Injury as composed of a set of repeated practices that record upon bodies the products of power-knowledge arising from such exploitation; 3) Injury as inclusive of the requisite abstraction from its exploitative origins, which normalizes injury through a medical discourse that is intersected by the bureaucratic tactics of governmentality; and 4) Injury as including spaces for resistance that challenge the legitimacy of the injury process. To demonstrate the workplace injury process as a process described above, I have broken my thesis down into sections. The first will discuss the methods used to explore the process. The second will discuss the 'time' and 'space' of injury to deconstruct injury as more than its commonsense notion of 'medical tragedy'. Section three traces the political-economy of workplace injury that *re*constructs injury as arising from a process of capitalist exploitation. The fourth section on *medeaucracy* brings into conversation the intersection of medical discourse and government tactics with spaces for resistance within the process. However, before I delve into these matters, I will first relay my theoretical stances on injury, as composed in at least three important sites of activity and exchange. These sites are the Workers' Compensation Board (WCB), the site of employment, and the site of injured workers' bodies.

Chapter I The Site of Workers' Compensation Board--Alberta

Workers' compensation as a concept is not new. Karl Polanyi traces workers' compensation to the late eighteen-hundreds when free-market capitalism, and its liberal supporters, was challenged by a collectivist counter-movement in light of industrialization and its social/human effects (Polanyi, 1957: 146-47). It was in Great Britain that the first Workers' Compensation Act was passed in 1897, and the "employer was suddenly made the insurer of his workmen[3] against any damage incurred in the course of their employment" (Polanyi, 1957: 147). Since that time, workers' compensation systems of varying types have arisen throughout and within industrialized nations. The concept of workers' compensation is to operate as an insurance company whose premiums are paid by employers, while benefits are paid out to workers injured on the job. The differences that cross nations, and even districts within nations, includes the amount of funding that comes from employers (such as some U. S states that have workers partially fund the system) and who governs the policies and practices of the agency (some are legislated by the state but are private corporations, some are for-profit, and others are part of the state proper).

Canada is not an exception as every province and territory has its own separate workers' compensation system. Each province's WCB operates in unique ways in comparison among each other and to other nations' systems. However, because workers' compensation is an insurance system in all Canadian instances, it protects employers from the liability costs of lawsuits from injured workers. Workers are not able to file suit

[3] 'workmen': gendered term in original text

against employers for injuries that are deemed work-related by the Alberta WCB, or any other Board[4] in Canada. This has led to controversy, largely limited to the legal community as many legal scholars, such as Glasbeek and Rowland find this system to legitimize injuries at work as acceptable or even expected aspects of employment (Glasbeek and Rowland, 1979). These scholars challenge the convention of WCB in Canada that views workplace injury as a financial liability rather than a crime; and contend workers should be able to criminally sue their employers for injuries, including death (ibid.). They ask the question, *Are injuring and killing at work crimes* (ibid.)? Naturally, lawyers are also a vested interest group that could only gain from the ability to file suits.

My research explores the unique case of the Workers' Compensation Board—Alberta (WCB). In Alberta, the WCB is a non-profit insurance company that provides disability insurance to people working for businesses/organizations registered within the province. WCB is a non-profit company that is regulated by the government of Alberta, outlined in the *Workers' Compensation Act* of Alberta. It is therefore an agency at an arm's length from the state. Most businesses/corporations in Alberta require mandatory insurance coverage, which is legally monopolized by WCB. There are some exempt industries and specific groups of employers that can choose to purchase coverage at will. These instances are the exception rather than the rule. WCB employs approximately 2000 people within the province of Alberta most of whom are located in Edmonton and less so in Calgary. Two positions, adjudicators (who make initial decisions whether claims are accepted or denied as work-related injuries) and case managers (who make decisions over ongoing benefits, both medical and financial) practice the administration of the worker

[4] the terms *Board* and *WCB* are used interchangeably

claim files, requiring a rich dialogue with injured workers and employers. Case managers, adjudicators, and WCB medical staff (occupational therapists, exercise therapists, nurses, physical therapists, psychologists etc.) are the most likely people to communicate directly with injured workers.

The Workers' Compensation Board as Arm of the State

The question then, is how to conceptualize WCB as an agency, or formal organization. My view of the organization is not a distorted post-modernism that chooses to ignore the institutionalized structures that formulate the very material existence of WCB. It is 'real' (not just relational) and employs people to practice procedures and govern specific modes of human and social behaviour. There are those that see the postmodern organization[5] as one of shared planning among stakeholders (clients, producers, and suppliers, etcetera) that exists without formalized structure in order to be more 'flexible' (Boje and Dennehy, 1993). While organizations, including WCB, see themselves as organizations that endeavour collective decision-making that puts into conversation all these stakeholders, I have found this to be more public relations than practice (and I have seven years of experience with WCB as an employee that supports this). This is not to speak negatively of WCB, as in my opinion even those organizations that do boast of themselves as postmodern organizations, "do not constitute 'progress' or advancement over modernism" (Gephart, 1996: 33). If anything they have fostered the

[5] Post-modern organization: scholars such as Boje and Dennehy (1993) contend the postmodern organization is one of decentralized hubs of control, joint decision-making, network planning, and such. One of the central themes is that the organization constantly forms and reforms new relationships with ever changing environments to account for various cultures and their histories—they are said to be post-structural in addition to being post-modern. Critics, of whom I would include myself and others like Gephart and David Harvey, see the postmodern organization as the reorganization and restructuring of capital in light of globalization and flexible accumulation. It is the commodification of new social relations as opposed to a revamping of capitalism.

internalization of exploitative relationships so that workers self-surveil, making the need for close hierarchies and narrow spans of control redundant (Gephart, 1996). WCB-Alberta is an organization with a set of structured relations both internal to its operations and external to its environment. For now I wish to focus on its structural relations with its environment. Formally, this is a threefold relationship. Its relationship with employers is the procurement of finances through the charging of premiums. Its formal relationship with workers is one of entitlement—the provision of compensation to workers for control over their time and space. What then of the relationship with the state? The WCB is a "board" in the sense that a board of directors from the government legislature appoints the executive that carries out the administration, including fiscal planning and decision making, for the WCB. The WCB therefore does not contract for service with the government as it is legislated to carry out services and benefits for injured workers. That said, the government politicians or external bureaucrats have no authority over how the legislation is carried out unless it outright contravenes legislation. The routinized business of WCB is run independently from the state, yet the state has a say through legislation regarding workers' compensation. The state also exercises authority through the Appeals Commission. A worker cannot sue WCB regarding their injury (or at least not with much success) as matters concerning the management of their injury are addressed by a state ran body called the Appeals Commission (AC).

As WCB encroaches upon the individual lives of workers through its ability to provide compensation, while remaining close to the state proper (perhaps without sharing in the usual state democratic pressures), it speaks to the very heart of capitalism and its mode of production. By this I am referring to the usual Marxist idea of which workers

sell their labour in exchange for wages, and as a product employers extract surplus value (Marx, 1967_b). WCB's fundamental objective as described in its letters, website, dialogue, and even mission statement, is to maintain workers in that mode of production and thus that set of relations between labour and capital. For instance, their website states the organization's "goal is to help workers get back to work in a safe and timely manner" (WCB-$Alberta_a$, 2006).To ignore the association between the macro structures of capitalism in replace of the merely cultural, would not only be ignorant of the systematic inequalities between workers and employers that seemingly transcends provinces, nations and continents, but in so doing would reinforce the neoliberal view of life in general. Rather, I think WCB as an agency of the state, as both 'structured' by those relations of capital, and is also 'structuring' of those relations. Therefore I am working from a less economic determinist model because WCB is on the one hand determined by the economic mode, and on the other, is a set of cultural and economic practices that are capable of modifying that same mode. The state, and thereby WCB, is economic and cultural at the same instance (Althusser, 1969 and Williams, 1973) As Judith Butler so eloquently points out, "distinction between material and cultural life marks the resurgence of a theoretical anachronism, one that discounts the contributions to Marxist theory since Althusser's displacement of the base-superstructure model as well as various forms of cultural materialism" (Butler, 1997: 267).

Butler maintains the importance of cultural studies and its exploration on the microstructures that govern how we think about social life at the practiced level of everyday life, without forgetting its relevance to the macrostructures that bring about capitalist inequality. I think this is parallel with Althusser's notion of the twin economic

base[6] of culture and economy, but breaks with his traditional Marxist view of the state. Althusser still contended that the state is "an instrument of coercion in the service of the ruling, exploiting class" (Althusser, 1969: 110). While this view of the state may be true, its notions of 'coercion' and 'service' implies a purposeful agency that arises from one unified ruling class, which I find as unlikely as a unified working class. Instead, I think the state, including WCB, forms the apparatus of power that methodically governs people in ways that reinforces the advantaged position of capital over labour (Williams, 1973). While I find it true that WCB does operate in many ways that benefit capital over labour, its existence is a result of the *productive power* of both labour and capital, of which the power of the relationship between workers and employers is one that favours the latter. In other words, using Foucault's definition of power, "power is not a substance. It is a certain type of relation between individuals" (Foucault, 1979_b: 253). The lives of workers can largely be determined through their employment relationship (ibid.) and it is this powerful relationship from which workers compensation was largely produced. The history of Workers' Compensation as a state agency is documented by scholars such as Karl Polanyi (1957), Anson Rabinbach (1986) and even neo-liberal scholars like Fishback and Kantor (2000), as arising from a set of political and economic relations; derived from the plights of the industrial revolution and the social preconditions of welfare capitalism. It did not arise as a mere capitalist travesty for returning workers to labour; rather it was desired by labour in light of industrialization and the norms that allowed state intervention into such matters. Similarly, however, I am not framing WCB as resulting from the will of labour. WCB is part of the apparatus of power that

[6] Of course Althusser's twin-economic-base model still kept a rather economic determinism since he viewed culture as the modification of the base rather than jointly productive. Still, he was one of the first sociologists to rethink the model as picked-up on by later cultural studies scholars like Raymond Williams.

disciplines people through specific means, or tactics, which is socially tolerated through the norms that created welfare capitalism, expressed through the state's power over individuals' lives (Foucault, 2003). Therefore, it is like other state agencies that arose from the same conditions, in that it is part of the larger apparatus of power that helped generate the larger discourse of capitalism itself. If the labour market were left intolerable through completely laissez-faire principles, it would be hard to imagine the exploitation of the capitalist relationship would have endured, and one could speculate as Marx did that a grander revolution lead by labour would have occurred.

It is organizations like WCB that intervene in the economy of labour through systems of compensation that in many ways prevents such upheaval. Compensation is therefore part of the injury process because compensation is in part what normalizes injury as one more tragedy that can be addressed through monetary practices as opposed to moral and ethical controversy. Because injury is 'compensable', it can be seen as a piece of the larger puzzle of state governance and labour market 'correction'. The norm of the state to intervene in matters of individuals' economy became necessary as "the economic advantages of a free labour market could not make up for the social destruction wrought by it" (Polanyi, 1957: 77). Just as it became a regular occurrence for the state to intervene in other markets where laissez-fair practice was not working, the labour market became similar (Polanyi, 1957: 76). Polanyi traces the start of state intervention into the perils of labour starting with the English Poor Laws[7] in the early 1800's (Polanyi, 1957). Workers' Compensation is possible only because of such norms of welfare capitalism traced back as early as the 1800's. I feel this quote from Foucault explains what I mean

[7] English Poor Laws are comparable to what we now call 'welfare'. They were a guaranteed number of shillings that each family would be awarded that would theoretically be the amount necessary for survival.

by the norms of capitalism. It is rare that Foucault spoke directly to capitalism or the assumptions behind Marxist theory:

> *It is true that the question I was asking was being asked of Marxism and of other conceptions of history and politics, and it was this: With respect to, for example, the relations of production, don't relations of power represent a level of reality that is both complex and relatively—but only relatively—independent? And we can then ask ourselves whether 'capitalism,' or the mode of production in which these power relations are inscribed, might not represent in its turn a great apparatus for coding and intensifying those 'relatively autonomous relations'—relations between the labour force and capital that were certainly 'economic' and conflictual—thanks to the divisions, the hierarchies, and the division of labour that had been established in manufacturers, workshops, and factories, but also and above all by disciplinary rules, the subjugation of bodies and the sanitary regulations that adapted, intensified, and bent the labour force to the economic constraints of production. It is therefore not labour that introduced the disciplines; it is more a case for disciplines and norms making it possible to organize labour in the way that it is organized in the so-called capitalist economy.* (Foucault, 2003: 278)

Borrowing from Foucault, the WCB is part of that which disciplines, or the apparatus of power, only made possible through the disciplinary rules that "bent the labour force to the economic constraints of production" to start with (ibid.). Its normative role is to intervene in the maladies of the labour market that results in bodily harm preventing the economic procurement of profit.

It might appear my integration of Foucauldian theory and Marxist political-economy is irreverent, but I feel the usual comparative emphasis only brings attention to their differences, instead of the fruitfulness of combining them. Foucault has not denied the existence of exploitation nor the resulting effects on workers by state or by capital. Similarly, "Marx was interested not in reductionism, but in showing that problems of philosophy and politics come back to questions of practical human activity" (McNally, 2001: 75). Marx was interested, like Foucault, in the "way in which all social phenomena

refer to human practice and to their specific social processes" (ibid.). Exploitation is of course one of the central social processes, if not *the* social process, through which Marx saw human practice occurring. This commonality is a unifying factor in my research because it speaks to the heart of WCB as an organization that reproduces bodies that practice labour and therefore exploitation (which I will talk about is some detail later). Both views see social life as producing inequalities that benefit some groups over others, including the relationship between workers and employers. More importantly there is a growing commonality between the views. More current political-economy scholars call for the integration between superstructure (culture and norms) and base (economy) which leans towards Foucault's micro-structural stance. Scholars like Williams who have successfully integrated Marxist political-economy with cultural studies are consistent with Foucault in seeing the state as an apparatus of power (as I have quoted Williams) rather than the product of coercive power of capital to intentionally exploit workers. I feel the perspectives' most important difference is their views on social change; Marxists maintain the base-superstructure model of grande theory versus Foucault's genealogy. I have borrowed from both theoretical camps that fit the needs of my project. I could not possibly settle their fundamental differences, but rather can highlight their possibilities for interconnection.

The Workers' Compensation Board as Bureaucracy

In addition to being an agency of the welfare state made possible by welfare capitalism's normative preconditions, WCB-Alberta is an organization of institutionalized practices, organized around the verbal, and the written[8]. Telephone conversations, meetings, body language; there are letters, forms, medical reports, websites etcetera. One of the most intriguing visual materials is the claim files. They are files of individual workers that contain medical reports from medical practitioners (WCB sponsored and otherwise); forms completed by physicians, employers, and injured workers; letters from workers, physicians, employers, lawyers, and; WCB employees and other human service agencies. Most importantly, they are "the most central manifest embodiment of the relationship between injured workers, WCB" and employers (Moritz, 1996: 117). Specifically, they document the power relationships among workers, WCB and employers. The claim files describe some of the social exchanges, recorded in the text of the files that begin to indicate how the practices and discourses of some, constrain those of others.

Much of the files' text centres on the policies and legislation that speak to the level and sort of benefit entitlement any worker might receive. The letters that case managers and adjudicators write utilize these policies and legislation to legitimate decisions on the level and sort of benefit paid to individual workers. WCB as a piece of the modern state is expected to have rules such as policy, because they present themselves as a concern for the 'many' as though the application or practice of using

[8] Practices are **organized around** the verbal and written. I am not contending that the practices are **solely** organized the verbal and the written, which is why intertextual analysis is not the sufficient to investigate practices.

policy is consistent for all individual people—in this case injured workers. Policy and legislation are used much as what Weber first described as *rational rules*, in that they "meet with obedience as generally binding norms, whenever such obedience is claimed" (Weber, 1978: 954) by WCB. This means that WCB's policies and rules must fit within those norms of welfare capitalism I spoke of earlier. WCB's "power is legitimate insofar as it corresponds with the norms" (ibid) of welfare capitalism. For instance, WCB can legitimately manage the time and space of the workers' bodies it surveils, but only so far as it manages the segregated and categorized process of injury from other social processes. Biopower is only legitimate if it segregates individuality and manages its targeted population (Foucault, 2003). WCB must also be consistent with the norms that make the treatment of bodies themselves possible and legitimate through, namely, the discourse on medicine. In some ways WCB achieves "legitimacy through the formalization of norms into policy" (Bendix, 1960: 278). For instance, the norms that have arisen from welfare capitalism concerning governance, medicine, and profit are paramount norms that are manifest in WCB policies.

However, the idea of policy as the pure reflection of social norms is a falsehood not experienced by the people who feel the constraints of those who practice the arts of governance (who I term bureaucrats) as set out by those policies and laws. Weber spoke of *substantive justice* to describe how information is filtered, removed, or never collected during the practices of bureaucrats (i.e. case managers), which is not outlined within the laws (Bendix, 1960). For example, the practices of interpreting policy, gathering of information over the phone, and selection of what is recorded on claim files is still legitimated within WCB policy as the norm of rational-legal governance, but loses its

reflectivity of social norms as the bureaucrat performs in ways that constitute the product of power-knowledge itself (and not just what is outlined in policy or procedure). In other words there is resistance to WCB's legitimacy as it re-interprets policies that are made possible by larger social norms, but in ways that contradict the norms that policy supposedly reflects. For example, WCB can govern the individuality of workers in so far as it concerns their injury with minimum resistance from workers. When it tries to govern a worker's time spent (or not spent) at a funeral WCB can use policy to end benefits. Workers resist this practice as they feel WCB has stepped outside its normative jurisdiction despite how case managers interpret policy.

Therefore, bureaucracy, though perhaps legitimated through policy, is not the mere implementation of policy. It is a set of human practices, carried out by those bureaucrats at WCB who practice the arts of governance. It is similar to what Foucault terms *governmentality*. WCB is the governance of practices through laws that constrain injured workers' options within their labour process[9] (Foucault, 1979_a), by limiting the available options to injured workers and employers. Workers can practice actions that will or will not result in payment. Employers can practice actions that will or will not cause premium increases. Policy only serves as a legitimacy tool or tactic that overshadows the material practices of exchange. WCB as a bureaucracy thereby includes a set of relations formed through the practices of WCB and workers, and WCB and

[9] By 'labour process' I am referring to the ways injury is situated within capitalism. Injury, as will be explicated in greater detail, is itself part of the capitalist set of relations between workers and employers. Injury is a process not separate from the exploitation of workers, but rather derivative of, and part of that process. For example, the practices of case managers in determining what is relevant to a policy can constrain a worker into choosing between going back to work and being exploited, or choosing not to return to work and losing all sources of income. Policy itself does not determine this constraint' rather it is the bureaucratic (repeated) practices of case managers that produce this effect.

employers. These practices are not the mere implementation of policy. They form a set of relations in which the vector of power favours WCB.

WCB is *the* place that puts into question what injury is, how it is shaped, and what the product of the injury process should be. In this light, WCB is normatively constrained, but also norm-producing as it balances the guidelines by which policy must be consistent with the same norms that make welfare capitalism possible, while challenging those norms through the tactical reinterpretation of policy and how that is practiced. In the case of workplace injury,

> *. . . governmentality concerns itself with practices not institutions. . .the mistake is to view them [practices] as applications of policy or ideology. Rather, practices, in this vocabulary, relate to a zone or space of governmental intervention. To focus on practices is not to focus on the hard edge of the real-concrete, but upon the leading edges of governmental problematization. Collections of practices constitute mentalities of governmental reasoning. . . government [WCB], in other words, always tends to problematize—to put into question—the relations between those who are governed and those who govern* (Osborne, 1997: 175-76).

While the other sites of the workers' bodies and of employment share in the trajectory of the process of workplace injury, it is only the site of WCB that moulds the governmentality of the injury process. It is at this site alone that the tactics[10] of bureaucracy put into question how workers' are governed and for what purpose. WCB constantly tests its legitimacy by seeking what tactics will receive the smallest resistance to its control over how it dynamically defines 'injury'. It is this site that governs those

[10] Tactics versus Practices (interpreted from Foucault's "Governmentality" 1979_a): Tactics are seen in the Foucaudian sense as a set of practices that are produced by those that practice the arts of government (bureaucrats in the case of WCB and specifically case managers and adjudicators). Tactics differ from other practices because they are practices that are targeted at populations or matters of state and governance. They are practices with specific ends or objectives and are charged with the introduction of *economy* into the lives of individuals and families.

that are injured and those that are not; those who have work-related injuries and those that do not; those that are entitled to money and those that are not. How power produces relations and exchanges between the sites is limited to helping shape what that governance looks like. WCB is therefore the site where the injury process is defined or problematized, and the interplay between the practices of resistance and tactics occur.

Perhaps the most important practice is the one of segregating 'injury' from 'work-related injury'. The discursive form of 'work-related injury' in opposition to just 'injury' exists prior to the 'injury' of any one worker. This is the governmentality of WCB as it puts into question the worker as 'governed' and the WCB as 'governing' prior to the physiological experience of injury by any one worker. Workers are aware that there are 'work-related injuries' and just 'injuries' prior to that experience. This is commonsense to most of us, or those of us who are target populations for injury. Such workers have a definition before the perceived beginning of their injury. Employers I interviewed all attended workshops that WCB runs that educates them on what a 'workplace injury' is and is not. Consequently employers do the same for their staff through posters, health and safety programs, pamphlets and so on.

There is an *a priori* notion of what a workplace injury is that is problematized within the boundaries set out by WCB and its historical set of relations with various other sites including those shared with employers and labouring bodies. WCB is 'common-sense creating' by repetitively selecting those injuries that are work-related and those that are not through practices of categorization. Such problematization between 'workplace injury' and 'injury' is practiced routinely through WCB's relational practices with the other two sites. These practices include medical exams, letter writing, and other

discursive practices that shape the cognitive meanings of workplace injury across the other sites, and especially in the ways it governs the individual practices of labouring bodies. As the state is the only place of contestation where workplace injuries are discussed or 'problematized' (as Osborne contends), the balance in the relations of power is compromised between the state and the individual (Foucault, 1979_a: 100) injured worker. However, since the WCB is an apparatus of power concerned with the governing of individuals, or subjects, it is not targeting a space of regulation of employers. It is funded by employers and must coordinate the finances collected (as a welfare state agency is normalized to), but does not surveil, or coordinate the everyday practices of employers. This is one example of how the relations between the site of WCB and the site of employment shape how WCB governs individuality. This is why capitalism is critical to understanding WCB. It is not just what it surveils—but also what it does not—that identifies it as an apparatus of power that benefits employers over workers.

As I will discuss later, it is the unusually close interweaving between state and medicine that abstracts the inequalities which makes it possible for WCB to exist in its particular apparatus-form. This is easily identified when worker or employer contestation is often received by WCB in terms of its own dogma of medical science and bureaucratic policy. It is known that for a WCB decision to be changed, it must meet both the bureaucratic (e.g. a policy) and medical (e.g. a doctor's report) criteria. This is precisely what makes WCB the only Canadian state agency I am aware of where state bureaucracy intersects sharply with medical science and capital. It is not only that the *clients* of WCB are injured, it is the fact they are *workers* that can(not) be exploited in ways that produce surplus profit. It is at WCB where the tactics of government and the discourse of medical

science meet. Even if an injury is defined by medical practitioners as objective, the terms of the injury are bureaucratically defined by WCB as *work-related* or *not work-related.* This in turn, determines whether benefits are paid out to workers or not. The tactics of WCB can result in returning a worker to employment if the injury is deemed no longer work-related, even when workers' medical practitioners find him/her unable to work (*Review Committee of the Workers' Compensation Board Appeal System*, 2001: 18). This process of exploitation and its role within the process of injury will be better mapped out in the section titled *Medeaucracy.*

Chapter II The Site of Employment

Injury as Symbolic Violence

For now I wish to focus on exploitation as that set of practices through which surplus value is extracted from labour. Exploitation is a set of cultural and economic practices that are carried out in relations between workers and employers (Hennessy, 2000), as it would be artificial to separate the meanings that workers and employers place in 'labour' from the ways in which economic gains are sought. The site of employment is the intersection between that set of practices and the very material field of employment where those practices take place. A brief discussion on Bourdieu's notions of *field* and *habitus* is useful here. The set of relations formed through a set of practices that constitute the *field* is "a set of relations of cultural and economic capital that pre-determines the set of possibilities for any one set of dispositions" (Bourdieu, 1998: 7). In the case of the relations between workers and employers in the general sense, it is the workers' and employers' possibilities that are constrained (as I find the word 'pre-determined' an overstatement) by them. For any one given employer—employer A, B, or C—the set of relations through which workers sell labour for wages, and employers extract profit, is for the most part already pre-determined as *the* set of relations[11], limiting how the very specific dispositions at anyone employer can differ. The site of 'employment' is thus *the* site in which the basic Marxist lynchpin of exploitation originates from because it is here that the *field* structures relationships between workers and employers. By this, I am not challenging the Foucauldian standpoint I referred to

[11] This is not to say there are not alternative relations. For instance cooperatives, works council systems and communes would all be examples where the set of relations differs. These would be different *fields*.

earlier that contends that very set of relations was only made possible through a set of norms of governance that in turn made such close surveillance of workers by employers possible (Foucault, 2003). I am merely using Bourdieu's notion of *field* to frame the site of employment as the purveyor of that set of relations, in relation to the other sites. In other words, the explicit, routinized exploitation of workers, by employers, is practiced as an exchange of labour for wages exclusively at the site of employment.

However, my theorized site of employment also includes the *habitus* of employment, or the "separation of one person as a totality of practices, goods, and behaviours, from another person" (Bourdieu, 1998: 7). This is precisely why the site of employment is the intersection between the set of relations of workers and employers, and the material reality of employment. Workers have specific relations with their employers, co-workers, and customers that shape how exploitation is carried out. It is not just that the worker *labours*, it is also the specific ways in which s/he is *labouring* that constitutes this site. It is not just that the employer *makes profit,* it is also the way s/he is *profit-making*. For instance, the workers and employer personnel I interviewed, practice their exchanges in the hospitality and warehousing industry in unique ways. The labouring of bodies in specific ways and for specific reasons, the emotional ties between workers and employers, and the expectations of one another, are unique to the industries I chose and to the specific employers I studied.

It is here that the exploitation of workers takes place which I see as a form of symbolic violence. Workers' "dominated lifestyles are almost always perceived, even by those who live them, from the destructive and reductive point of view of the dominant aesthetic" (Bourdieu, 1998: 9).Workers themselves see their relationships to their

employers in terms of an accepted field. They see their own lives as part of the larger capitalist system and its functioning—as an accepted way of life. Marx also referred to a similar notion called *false consciousness*, as the method through which workers cannot recognize their subordinate position to employers (Williams, 1973). Symbolic violence differs because it is not that workers consciously or unconsciously do not understand their shared and dominated position with other workers. Instead, symbolic violence is the *practice* of the relationship regardless of whether she or he understands their dominated position as 'worker'. Instead the relationship between workers and employers is misrecognized through the practices of economy. Bourdieu refers to the guise of obligation that comes with gifts, debts and other modes of economic domination that are exploitative because they correspond to the economy of the system (Bourdieu, 1992: 126-127). The wages that employers provide constitute the primary way in which symbolic violence goes misrecognized. They are fundamental to the site of employment as wages are why we labour—they are only perhaps why workers tolerate, accept, or embrace labour—but certainly why they *practice* labour in its everyday, repetitive reality. Labour is *what is* recognized because it is what's practiced. Therefore, what is recognized as 'labour' is also the misrecognition of symbolic violence. The exploitative relations of the field between worker and employer are practiced over and over, even by those that are dominated[12].

[12] I am proposing exploitation as rooted in that which is misrecognized (in this case wages and their transgression into benefits). Some scholars working from a Foucauldian standpoint could argue that exploitation is not a necessary outcome from the employment relationship is it is not how workers or employers name that relationship. However, this is one point where I depart from Foucauldian thought and respectfully disagree. The broad *Field* of employment is constitutive of a relationship that always benefits workers over employers at the very least of which is economic if not culturally and socially as well. As I mentioned earlier, to remove the larger discourse of capitalist exploitation would constitute that very reduction to the cultural in light of neoliberalist movements (which I entirely wish to avoid).

To Labour is to Injure

The conundrum facing the field is when bodies cannot practice over and over those same acts of labour. It is a conundrum because the structural relations that formed the field themselves are challenged by the body's inability to sell labour and complete the exchanges through which domination (in this case capitalist exploitation) occurs. Bodies hurt, ache, bleed, fracture, deafen, and even cease. This brings into question the entire set of relations that form the *field*, which in turn is to shape the dispositions practiced at any one employer. In other words, what happens when bodies cannot practice labour? More central to this question than the direction of bodies in light of their 'inability', is the failure on the part of capital to now extract surplus value. Surplus value speaks to the essential part of capitalism that makes capitalism what it is. Hennessy (2000) also portrays surplus value as that essential part of capitalism, as first conversed by Marx. The extraction of labour power paid out at a lesser value in wages is what creates surplus-value, and thus profit. Marx refers to surplus value as "the basis for the entire capitalist production" (Marx, 1967_b: 385). An alteration in this fundamental process speaks to the heart of the set of relations that forms capitalism, and therefore the field that forms the relations of *employment*, and in turn structures the habitus of every individual employer-organization.

However, the condition of the body as being unable to practice labour does not capture the entire conundrum facing the field. 'Inability' in and of itself has a cultural form that has legitimacy for the body's inability to work. This can be traced back to Parson's sick role that conceptualizes sickness as a legitimate reason to use time away from the usual or habitual practices of everyday life (Fox, 1993: 81) including those

practices of work. Inability to work is therefore commonly broadened to the inability to practice routinized life of which the practices of work would only be a subset (Fox, 1993). Injury in this frame of reference lies outside the auspices of labour and capitalism, however artificial this may be. The conundrum of workplace injury specifically, is that the inability to practice labour arose from the very set of relations that are essential to capitalism. The practice of injury is therefore a practice of labour itself. This is crucial to understanding the complexity of workplace injury as a process. The workplace injury process is reducible to an abstraction from its originating set of relations between workers and employers. Injury is a capitalist contradiction, not all too distant from the Marxist sense of the term, in that the injury on the one hand is part of labour and occurred as a practice of labour, while on the other hand precludes workers from engaging in further labour practices from which surplus value can be realized as profit.

The challenge capital faces is returning bodies back to labour without incurring the cost of wages for labour which in its present embodiment cannot produce surplus value. This is achieved through two fundamental manners: firstly, through abstracting the labour practices of injury as some *thing* entirely different from *labouring,* by displacing workers and workers' bodies into alternative *habitus*; secondly, through maintenance of the field of structured and exploitative relations during the time and space of that abstraction in order to reproduce bodies back to labour In the first manner, I am specifically speaking of the Workers' Compensation Board—Alberta as that new *habitus* of seemingly different relations. Through its modus operandi of state bureaucratic tactics and medical discourse, it is able to abstract, and distract, injury into something removed from labour and its exploitative nature. In the second manner, I am referring to the

manner in which the structured relations of the field have in fact not changed. The site of employment is also the financial backing behind WCB-Alberta. In other words WCB is funded by the surplus value already gained from the backs of workers once, and now transposed to WCB in order to extrude further surplus value in the future. Without incurring the full cost of paying wages, employers fund WCB as an insurance company for which they individually pay for. These payments are termed 'premiums' in the usual sense of the word.

In essence, the site of employment overlaps with the site of WCB in that the structured relations of the field are as much structuring of the habitus of workers as it is for WCB, but in very different ways. WCB has an onus and responsibility to reproduce labouring bodies, recognizing that employers are still paying workers' wages (but at lesser rates since WCB pays maximum benefits at ninety percent of their net earnings or lower) by funding WCB. WCB must then sufficiently abstract 'injury' from 'labouring' to prevent labour's claim to full wages from their employers. In this way, WCB is constrained in its options according to the set of exploitative relations that workers have with employers. It is an exploitation of exploitation. By this, I refer to the regular Marxist goal of workers realizing the use value of their labour (Marx, 1967); it is now the realization of even their labour's exchange value as this too is reduced at WCB. In many ways the site of employment is structuring how the injury process itself becomes commodified. The injury now has a value of its own that is socially constructed between the field of structured relations within the site of employment, and then produced or abstracted into a specific worth at WCB. It is the commodification of a set of cultural practices (Burke, 1996) and specifically those practices of injury, which in fact is a subset

of the practices of labour. Injury itself has a value structured by the wages that are paid at the site of employment and then proportionately reduced at the site of WCB. As the injury process becomes commodified, it in effect becomes a reified 'thing' (Burke, 1996), that is distanced from the economic, cultural, and social relationships that formed it. To "reify [injury and] disease means conveniently 'forgetting' the social process by which the concept of [injury and] disease is produced" (Freund and McGuire, 1999: 205). It now has a value that can be measured and reduced by WCB. Injury is now ostensibly practiced upon, but of course remains emergent from a set of social relations and practices regardless of how masked this becomes. The site of employment is therefore creating the separation between 'workplace injury' and just 'injury' because the former arose from exploitation itself which WCB must now govern individual bodies back to.

Chapter III The Site of The Injured Workers' Bodies

Bodies, however, are complex and pose challenges to the reproduction of a body that labours. The bodies of injured workers are bodies that *record* injury. They are bodies that *practice* injury. They are bodies that *resist* injury. These three statements are all distinct from one another in both theoretical and material ways. However, they are equally important to my research. It is through these three processes of recording, practicing and resisting that bodies become the site that transcends the others. It is bodies that ultimately make capitalism possible through their practicing of labour. Bodies are ultimately what make power possible, as nothing is productive without social, human, action. As such they are also the receptacle, or docile body, that records these exercises of power; yet they are also thinking, reflective human beings that can resist that power and challenge the ways their space and time is regulated and constrained. No other site can ever have these capabilities because bodies are the irreducible social agents that form and create all other sites. By this I am referring to the mere fact that social reality can be reified, but in actuality can only be socially constructed through human behaviours.

The Inscription and Practice of Injury

I will start by discussing injured bodies as records. Perhaps the most important scholar on this topic would be Foucault. The early Foucault saw bodies as inscribed upon by the productive forces of power (Foucault, 1984). The way the body moves, does not move, staggers or lowers its head, are indicative of the way power moulds the body into practicing in specific ways. Society's "political power relations shape, punish and mark

the body" (Foucault, 1984: 173). Central to *power* is *knowledge*. The two are inseparable for Foucault because 'to know' is not truth but rather the product of power. In other words knowledge is a 'way of knowing' instead of an objective truth that could stand the test of eternal time. Bodies therefore act in ways that the knowledge-power dyad disciplines individuals to 'know' and 'act' in certain ways (Foucault, 1984). The workplace injury process thereby includes the ways that bodies come to know and act out injury. Injury is known as painful, shameful, and abnormal (Freund and McGuire, 1999). As such, the body is inscribed by such power-knowledge to behave in certain habits that enact pain, abnormality and shame. An injured body may guard itself or shudder when danger is seen. An injured body may cry, look downward, or even hide. Foucault's notion of power-knowledge and the way it inscribes itself through the acts of discipline transforms injury from the 'natural' to the 'discursive'. What I take from Foucault is the notion that the way the body practices injury—its aches and pains if you will—are not mere physiological reactions but are also the product of power-knowledge and the disciplining of bodies.

Foucault, however, is not concerned with the larger social relations of Capitalism in particular, or in this case the role capitalism plays in the process of injury. Injured bodies do not only practice injury through power-knowledge. Power-knowledge can be seen as structured through a set of larger social relations, and in the case of 'injury', these are the larger social relations of capitalism. In my opinion it would be an underuse of the power-knowledge of capitalism to not place it in conversation across many social phenomena. While I hesitate to think of capitalism as a set of social laws (the exact sort of modernism Foucault is critical of), it is nevertheless intriguing that the terms of

capitalism (i.e. exploitation) appear useful when describing a number of other discourses, when the reverse is not as easily achieved[13]. Bourdieu theoretically exposes the "dialectic between objective structures and 'incorporated structures' or how structures are inscribed into the mind" which helps form *habitus* (Bourdieu, 1992: 41). To ignore the dialectic is fetishism of social laws (ibid.) or on the flipside an overstated relativism. In many ways it is the age-old debate within sociology between grand and micro theory. Bourdieu factors in larger social structures that help shape the way bodies know, as incorporated into the mind, and practiced by the body. This does not mean that *incorporated structures* are the simple transfer from *objective structures*. Instead it means that the larger social relations help shape them, but in many different ways for different individuals. For instance, the exploitative relationship between workers and employers is practiced every day at every capitalist-driven site of employment. However, how those relations shape each set of personal relations between workers during the injury process will be very different. This is precisely why there will never be 'one' uniform injury process that is repeated in exactly the same way (though there are commonalities that need to be explored here). For instance, there will be similarities, but not replicas across the different *habitus* of the way I have theorized the site of employment. From Bourdieu, I take the process of injury to not only be the result of history and norms that shape and constrain the body's practices,

[13] For instance, we can speak of the ways in which capitalism shapes how we think about medicine. For example, medicine itself is also an industry that includes the dissemination of knowledge for economic profit by physicians and other truth-tellers. Medicine as an industry is shaped by the discourse of capitalism. It would be much more challenging to contend that the discourse of capitalism is influenced by medicine to the same degree. Capitalism seems to not only be a competing discourse but also an integrative discourse as it plays such strong roles. Perhaps the genealogy of the norms that made capitalism possible produced many of the norms for future discourses such as the one of modern day medicine. Regardless, there is something about capitalism that feels like a grande narrative to me that I continually resist and embrace at the same time.

but also the ways in which bodies are regulated to act in specific ways by larger social-structural means, which also shape what can be known and practiced.

I know I am walking an easily refuted line of thinking as few scholars would accept an inscribed body by power-knowledge (inferred from Foucault) that is also shaped by larger social structures or habitus (inferred from Bourdieu) that include the political economic relations of capitalism (inferred from Marx). Yet, I do not feel this is as obscure as it sounds. It is astute to assume a post-modern body that is inscribed by power-knowledge such as the discourse on medicine, which constrains the body to behave in specific ways (Fox, 1993: 26-27). I think it is equally acceptable to think about the discourse itself as inclusive of larger social-structural relations that shape 'medicine' that gets incorporated into the understandings workers have about injury and how it is practiced. I then think one of the most provocative and important set of structured relations that shape medicine are those of capitalism and the desire to make profit by exploiting labour. It is not so much that my interpretation of the body contradicts Foucault, Bourdieu, or Marx. Rather, it is that the scholars do not address each other in the ways I need to discuss workplace injury. For instance, Foucault is not directly interested in capitalism and rarely discusses the exploitation of labour—yet this is obviously crucial to a discussion on workplace injury that arises from the very exploitation capitalism names. Similarly, if I want to discuss those larger social structures of capitalism as contributory to the ways in which bodies practice, without losing the normative constraints that make those practices possible, Bourdieu's notion of 'incorporated structures' into habitus proves useful.

Resisting Injury

Ironically these three very diverse scholars proved to be less problematic for me than those scholars that speak to Foucault's notion of *inscription* directly. Scholars such as Judith Butler disagree with the body as solely a docile pallet for the inscription of power. Those repeated bodily practices of injury must be reiterated to be normative. The fact such "reiteration is necessary is a sign that the materialization [of bodies] is never quite complete, that bodies never quite comply with the norms by which their materialization is impelled" (Butler, 1993: 2). The challenge this evoked for me was to determine what resistance looked like in the case of workplace injury, what norms are resisted, and how to tap into the specific places resistance might be occurring. I cannot say with confidence I solved these quandaries. I did, however raise a lot of discussion and ideas surrounding these questions that certainly colour the workplace injury process and specifically at the site of workers' bodies. One of the central discussions in my thesis is around whether resistance is resistance to the ways in which individuality is governed by the abnormal or injured body (Foucault, 2003) versus the uninjured body. Indicative of this resistance would be practices of the body that operate against the regulation of time and space that is coordinated through the other two sites, and particularly through the *tactics* at WCB. The second form of resistance lies in the conscious reflection and thinking of the injured worker and the conceptualization of the injury process as an extension of the capitalist system of exploitation itself. Both of these conceptualizations of resistance are important to my discussion on the workplace injury process and will be unravelled (or perhaps re-ravelled) throughout my thesis.

The underlying assumption, however, that bodies are merely docile objects of inscription, which would assume some pre-discursive existence, is rejected. Bodies do think, reflect, protest, and behave in ways that challenge the norms of health, medicine (Fox, 1999), and labour. Butler's notion of *performativity* explains resistance as the practiced path in opposition to the governing norms. The construction of discourse is therefore "both produced and destabilized in the course of the reiteration" (Butler, 1993: 10) of practices. *Performativity* is therefore the interplay between what discourse has created and how it then constrains social action (Butler, 1993). Bodies are consequently neither tablets for the inscription of power (the product of discourse through power-knowledge) nor perfect robots of reiteration. Discourse's power to name what bodies practice includes the ability to constrain what can be practiced, and in so doing implies that not all practice conforms to it 'by nature'. The injured body is therefore not naturally a set of practices that are reproduced as labouring bodies. There are practices that will operate against this.

I still struggled with Butler's notion of performativity as I was unsure what was being resisted in particular. In Butler's case it is the heterosexual imperative that is being resisted (ibid.). Butler is not denying the acts of power and their inscription upon bodies and notes how the discourse on sexuality creates lines of difference that mark that very inscription. In other words to be homosexual is to be non-heterosexual, or *different*. Acts of homosexuality are practices of resistance to ways the discourse on sex governs individuality towards the heterosexual norm—or imperative. However, scholars like Hennessy go one step further and introduce the larger structures of capitalism into what she terms *heteronormativity* (Hennessy, 2000). *Heteronormativity* picks up on Butler's

notions of difference through the practices of homosexuality as constituent of the practices of resistance. However, she contends that those non-threatening practices that do not challenge capitalist exploitation are interestingly accepted as *heteronormative.* Hennessy's notion of heteronormativity is one of the most profound examples I could find that combined the normative and structural implications of discourse, with notions of capitalism, which as I mentioned already, is crucial to my discussion on workplace injury. To explicate, like Butler, I can and do argue that what could be called 'the labouring-body imperative' is what separates those less abled bodies from the body that *is* able to work. The former is abject and second is constitutive of the norms of work. In this light, the practices of resistance would be those practices that operate against the transformation towards the body that is able to labour to its fullest potential in all capacities. In other words the, albeit mythical, 'labouring body imperative' is the body that has the ultimate skill set and physical abilities to work at almost all forms of labour as this would be the embodiment of all the norms of work in its fullest capacity. This is comparable to Butler's 'heterosexual imperative' which is to *practice* within all the norms of what it means to be heterosexual. However, my notion of resistance includes resistance to capitalism. Like Hennessy I contend that largely what is 'normal' or fits within the 'labouring body imperative' are those bodily practice through which capital can extrude surplus value. This fits well with my earlier discussion on how the injury process itself, is an extension of that very set of relations between workers and employers in which employers exploit workers (at the site of employment). It is only when the body's practices of that relationship cannot perform activities that can be exploited in the same fashion, that they become abnormal, or 'injured'.

Chapter IV Tapping the Three Sites

Multi-sited Ethnography and the Workplace Injury Process

As promised, I will now switch gears to discuss how I went about learning the injury process, or how I tapped into each of the three theorized sites. Though there were many methods of researching workplace injury from which I could choose, multi-sited ethnography seemed the most beneficial one for mapping out injury as a process. Because workplace injury moves across the site of employment, WCB, and workers' bodies, and with some simultaneity, this method fits well. Multi-sited ethnography taps a multiple sites of interest that allows the researcher to bring into question the notions of space and time and the role they play in whatever is being studied (Marcus, 1995). Space and time are critical areas of study in the case of the workplace injury process. Specifically, the deconstruction of common-sense notions of injury arises from a view of injuries as 'tragedy' or facts of life that occur in a socially and economically free vortex. The study of space and time, as I will discuss in some depth later, shows how the so-called tragic event is compressed time, or time that is experienced at such a rapid rate that the social and political meanings seem to flash by. There is little time for the worker to reflect or put into question the social, cultural, political or economic relations that simultaneously define the injury while the physiology of an event is at hand. The refuted view of injury as an event (as opposed to a process) is the view that makes the masking of the sociality of injury easy. It operates as a blurring and compression of time as almost instantly an injury is recorded into an injury through forms completed by employers (and often later by an injured worker), which is then faxed to WCB and transposed into a claim that filters out information and pre-defines what injury 'is' and 'is not'.

Furthermore, it is only through the tracking of the "space-time rhythms of the site to the geographical and historical context of the field we view the micro as an expression of the macro" (Burawoy, 2000: 27). To understand the structure of workplace injury—to map out how it functions as a system of exchanges—an exploration of practices found at each site can be seen in their relation to the whole, or the larger process. Michael Burawoy points out it is in this way we discover "reification within the factory, commodification within the family, or bureaucratization within a school (Burawoy, 2000: 28). It allows for the interplay between the micro outlook of cultural studies to mix with the structural view of political-economy, which I have earlier explained as being very important to the study of workplace injury as a process. It is the tapping of sites to identify the interplay between practice and structure, rather than the discovery of a truth or generalizability. In order to tap those sites, an exploration of the history (recent or distant) and geography of them has to be studied to see what commonalities exist, and what differences exist. In quasi-positivist terms, it is the sampling of a process rather than a population. I aimed to identify disconnections and connections between practices and exchanges across my three sites to say with varying levels of confidence that the workplace injury follows a certain trajectory, or process, not according to the specificity of every individual worker (again, that would be generalizing) but to map out the transformation of injury and its process across all three sites.

This asserts "there must be an interconnectedness and not just some separate sites to study"(Hannerz, 2003: 206) for comparison purposes. In order for there to be a system of exchanges and practices across the three sites, there must theoretically and practicably be interconnections between them. I suppose in my case it is more apparent than the post-

colonial ethnographies that create links between sites where the space between them is so very vast (yet the time compressed) (Harvey, 1989). The distance that global ebbs and flows cover often requires a represented awareness of the effects of practice and exchange between one site and another (Ikeda, 2002). In the case of the workplace injury process, I have chosen three commonsensical sites that would engage in practices that could and do affect, constrain or structure, the plausible practices at another site. This does not mean the exchanges and sub-processes within the workplace injury are easily identifiable. In fact, one of the strongest challenges I faced was to reflect upon and deconstruct those commonsensical exchanges between workers' bodies, employers, and WCB. On the other hand, it is equally important to acknowledge I have only mapped the tip of the iceberg. The workplace injury likely does have more widespread interconnections that span systems of globalization as part-in-parcel with flexible accumulation and the decline of the welfare state (Harvey, 1989). These investigations also deserve due attention and investigation. I am merely lying a foundation for further work and exploration of additional sites—sites that could include bodies that are pillaged through labour such as it is occurring in recent changes in burgeoning countries like China (Kleinman, 1992), the conglomerate of profit-making insurance industries and their mobilization into areas of the welfare state, and the media representations (or absence of) that connote injury and workplace injury as a worker's choice. It was disappointing to find so little ethnographic work done on workplace injury, and WCB as a site explored. It was even more disappointing to find the same with other sites that would also have an important role in the process of injury.

Choosing Who: Files and People

My situation was then worsened since I had no precedent to guide who I should interview at each site. I started with my own tacit knowledge of the industries I had worked with as a case manager. I decided I wanted to interview case managers, injured workers and employer health and safety or human resource professionals. I suspected these three parties would interact with each often and would unveil rich exchanges. However, in hindsight I would have interviewed case managers and directors at WCB to better tap into and explain some of the bureaucratic practices of WCB. That said, I derived some very powerful and intriguing connection between all three sites through my chosen population. The difficulty did not lie so much with choosing who to interview but rather getting authorization to interview. After completing some thirty seven meetings with various WCB staff and personnel, I eventually met with a vice-president that authorized the research. Given the organizing committee at WCB that approves research was mostly comprised of medical doctors, and my thesis is largely critical of the discourse of medicine combined with the close relationship WCB has with capitalism and employers, I cannot say I was totally shocked at how difficult it was to access the site. I must say though, that thirty-seven meetings over the course of six months surpassed anything I had truly anticipated. This challenging process served as evidence for the strength of the discourses I was challenging including those of bureaucracy, medicine, and capitalism itself. It did not help that the committee meetings and one-on-one sessions were always with bureaucrats or medical physicians. It was a vice president of WCB who finally approved access to the claim files.

After obtaining ethical approval and access to WCB (which also meant access to claim files), I could start inviting people for an interview. I started by drawing a sample of claims from the warehousing and hospitality industries which I knew from experience were ones where medicine and tactics certainly intermingle in slightly more overt ways. I suspected, and still suspect, this is because both groups are in a labour market that is consistently disadvantaged, underpaid, and have high levels of staff turnover. Adverse relationships exist between workers, employers, and WCB in both these industries, which I experienced first hand as a case manager. Therefore it should be easy to identify from these claim files, the exchanges that take place as part of the injury process. I hoped to identify from the claim files what institutional ethnographers see as inter-textuality, or how the text at one site was used and transformed across other sites as signs of refutation or what I would consider resistance (Campbell and Gregor, 2002). Due to ethical and FOIPP[14] limitations I then had to write letters to workers asking them for the authorization to review their claim files and invite them for an interview. As you can imagine this is intimidating for workers as I work for WCB as a quality analyst and at the same time want to interview them about their injuries. I am sure they were sceptical as to why I might want to interview them (even though their files were files on which benefits were no longer being paid). On the other hand, there would be little to no chance of WCB letting an outsider complete this nature of research if he or she was not part of their staff or had close affiliation with WCB. The research process concluded at four interviews with case managers, two interviews with injured workers, two interviews with employers, and six separate file reviews authorized by injured workers. Everyone interviewed was

[14] FOIPP: Freedom of Information and Protection of Privacy Act: A Canadian legislation that limits the divulging and retention of personal information

directly involved in the warehousing or hospitality industries. No comparisons were made between industries because of the limited number of persons interviewed.

That said, it is important to note that I did not examine each of the three sites in isolation of the others, in fact, multi-sited ethnography calls for integration across sites. For example, let us say I am discussing the site of workers' compensation. This site is tapped not only through the information captured from case managers who work there. Rather, all groups (workers, employers, and case managers) provide valuable information to tap the site of WCB through their opinions, experiences, interpretations, and practices they enact through and within the site of WCB. The same is therefore true of all the other sites as well. For instance, workers' bodily practice across sites are acted upon by the other sites. Therefore, the eight interviews completed (four case managers, two employers, and two workers) and the additional six claim files reviewed, are used in concert to tap all three of the sites in question. As such, the questions posed to any one worker, employer, or case manager helped address each of the sites (see also Appendix A, "Interview Guides" at the end of this thesis.[15]

My Own Voice and Experience

Of course, I myself have personal experience with workplace injury. My experience does not stem from being injured, but from the various positions I have filled at WCB. I have five years of experience in WCB's customer service department managing claims. Three of those years were spent as a case manager, authorizing benefits and services for injured workers (or that's what they tell me I was doing), and recently I

[15]It is worthwhile noting that the interview guide should not be seen as the totality of questions posed. It is only a guide, and as the interviews were open-ended new questions often arose that demanded exploration in ways an interview guide can not predict.

have been employed as a training analyst who trains newly hired staff, and now a quality analyst who tracks the 'quality' of case manager and adjudicator practices. This certainly makes me an interesting gaze. I do think that "since researchers are acknowledged as active participants in the research process, it is essential to understand the researcher's location of self" (Hertz, 1997: 44). I for one was constantly torn between my academic and critical self, my activist self, and my self anchored in WCB as an employee. My work places all three of these 'selves' into conversation, with perhaps emphasis on the first. Nevertheless my empirical experience working with employers and injured workers at WCB informs my thesis as a source of explanation of the injury process. Thus, the *a priori* understandings I had of the injury process and the Marxist/cultural theory I became akin to, shape this project as much as the empirical work completed in the actual ethnography.

Where I found the most commonality between all these theorized selves and empirical selves rested in the philanthropic ideology behind each of them. These selves find parallels in their commitment to bettering the lives of injured workers and reducing the perils of capitalism as acted upon workers. I am aware that there are those readers who might find it hard to believe my role as a WCB employee shares in these parallels. However, it would be a terrible mistake to interpret my analysis of workplace injury as some implied desire to rid Alberta of WCB as an agency. In fact, my voice hopes for the opposite. It is the transformation of WCB from an agency of the welfare state into a quasi insurance business that disturbs me most. In other words, it is the WCB's balance between worker and employer welfare leaning towards the latter I find worrisome. It has become an organization obsessed with the dollar amount of benefits it pays as opposed to

how successfully it serves workers or betters their lives. I am hopeful that my voice will colour and shape, and yes, bias the information I share. I am hopeful my voice will "engage the reader. . . .for boring texts are those in which individual voices have been suppressed and homogenized through professional socialization" (Rossman and Ralls, 1997: 197) which need not be the case. If I have evoked new perceptions on workplace injury, troubled you in my theorized integrations, created disagreement, or forced you to rethink your own *time* and *space*, then my voice has found some success.

Chapter V The Space and Time of Injury

The Regulation of Injury through Space and Time

Time and space of an injury is where I start to unveil what I learned from the research. In some ways it makes sense to start with the concepts of time and space because that is where an adjudicator at WCB starts as well. When an adjudicator makes a decision as to whether an injury is work-related or not work-related, he or she is really examining the circumstance, environment, and cause under which a physiological tragedy occurred. Of course, this is critical to the regulation of injury because it demarcates the line between what is work-related time and what is work-related space from 'regular' time and space. It is not all physiological tragedies (accidents) that result in benefits at WCB. Rather it is only those injuries that are time and space regulated through a system of employment relationships. I refer to WCB-Alberta's policy 02-01, Part II, Application 2, which is titled "Time and Place":

> ***What factors are considered when determining whether the time and place of injury are consistent with employment?***
> *The following factors may be considered, together with any other facts relevant to a specific claim:*
>
> - *did the injury occur on the employer's premises?*
> - *was the worker in the process of doing something for the benefit of the employer?*
> - *did it occur during a time period for which the worker was being paid?*
> - *was the worker in that time and place for employment reasons (for example, in a hotel because of an overnight business trip)?*
> - *did it occur in the course of using equipment or materials supplied by the employer?*
>
> *Compensation coverage generally begins when the worker enters the employer's premises to start the work shift, and terminates on the worker leaving the premises at the end of the shift. Coverage may begin with the journey to work if traveling is required as a condition of employment (see Application 3, Travel). Coverage may also be extended beyond normal work hours to workers who are*

staying in residential facilities such as bunkhouses or campsites. (WCB-Alberta, 2006)

The *time* of an injury is regulated according to *when* the employment activity is being performed. The *space* of the injury is being regulated according to *where* the employment activity is being performed. How specific 'times' and 'spaces' are constructed into work-related and not work-related is a discursive process. *Time* and *Space* as they are experienced are constructed largely through "the social organization of our economic life as it is the basis of much of our social scheduling of time" (Freund and McGuire, 1999: 91). It is the specific capitalist way of organizing time that naturalizes the separation of work-related, from non work-related space and time. It is the "intense control by employers over work-time, which characterizes our growing capitalist society" (ibid) that has naturalized a separation between what is non work-related time and work-related time, as it is institutionalized through WCB policies. Workers see their injuries as being work-related because they occur within the guidelines as reflected in the WCB policy I referenced above, which of course reflects how we as a capitalist society think of the time and space of labouring. Workers think of 'work-related' spaces and times of injury such as "falling on a big industrial lathe" (W2; 14-15) or being "twisted around in a ladder" (W1; 32-33). Workers reported injuries like "hitting bumps on a toboggan" but they did not feel that accidents like this could be work-related, even though the separation between leisure time and work time arises from the labour relation itself. Most time and space in this light can be deemed work-related. The constructs of work-related versus non-work-related time and space is therefore part of the power-knowledge nexus that

benefits some over others (in this case capital over labour would be the obvious example).

Some scholars have done important work in the rethinking of time and space itself, such as Chakrabarty who has thought of the *time of* gods as a time that can and should be experienced in (re)colonized worlds as different from western capitalist time and space (Chakrabarty, 2000). Space and time itself can be (re)constructed as a form of resistance (ibid.). David Harvey reminds us of the compression of space and time through capital's use of technology (Harvey, 1989). What these scholars share is Foucault's understanding that the use of space and time is the space and time of bodies, and how the practices of some bodies determine the space and time of others (Foucault, 1982). It reminds us that time and space are constructed through discourse, and as such are not free from the power-knowledge nexus that always results in advantage for some social groups, over others (ibid.). The ways in which capitalism, and more importantly the specific ways in which WCB, separate work-related *space* and *time* from non work-related space and time, is no exception to the power-knowledge production. In the case of my research, I am addressing the ways in which the practices of employers and the state (WCB) produce constraints on the practices of injured workers' bodies.

While it is at the site of employment where the usual capitalist separation between work and not-work arises, it is at the site of WCB where this separation is abstracted into a seemingly new set of relations, without losing the fundamental control over the space and time of the body. Case Managers and Employers interviewed had very clear notions of what would be work-related and what would be non work-related times and spaces which would largely determine whether benefits are provided by WCB. In this

light, the act of physiological tragedy is a blip in time—a part of the activity of work itself that is so closely intertwined with the expectations and obligations of employment that they become inseparable.

This creates a true contradiction within the capitalist system of production. On the one hand the physiological tragedy is part of labour, but at the same time prevents the act of economically productive labour to continue. The inability to work is itself a time that is consistent with work, but is not productive to the employer. The question then is how to more clearly separate injury, or 'inability to work', from the labour of work itself, without creating a set of circumstances that prevent the worker from 'forgetting' labour and reflexively contemplating the unequal exchange of labour for profit. In essence, the capitalist system relies on workers to separate the injury from work as not to hold employers responsible, but still remain true to the desire to labour as a social norm, and to once again labour for capitalist's surplus value.

It is important to recognize that if "money has no meaning independent of time and space then it is always possible to pursue profit (or other forms of advantage) by altering the ways time and space are used and defined" (Harvey, 1989: 229). Since the employer recognizes capitalist gain through a particular arrangement of time and space, extracted from the true value of workers' labour, it becomes WCB's responsibility to alter the ways time and space are used and defined by workers that mimics the unequal set of relations between labour and capital to reproduce them once again towards labouring. Consequently, the worker stays in a capitalist time that has abstracted the worker's labour. It is a time that is homogenous and consistent—where time has a seeming transcendence over life, work, play, and so on. The closer that the non-labouring

worker remains on a capitalist clock the easier it will be to return him to that same original set of capitalist relations. The more he exits that time, and experiences time differently, the more likely he is to experience 'real' time, or in other words his actual individual labour power "as it exists in the personality of the labourer" himself (Chakrabarty, 2000: 91). Workers I interviewed complained of just how busy WCB kept them. Workers found it similar to working as they were kept busy all day except "an hour a day eating, an hour a day…lying around" (W1; 794-95). While on WCB their "lives revolved around getting a job…and doing exercises" (W1; 795-97). One worker reported they were kept so busy by WCB to the point it interfered with their physiological recovery. In reference to WCB having him contact employers around the city in person, he said:

> *I had to was like I'd be forced to go out for four hours aaand I'd be stuck downtown. I'd seriously just go like the legislature grounds, like go lay on the ground. My ba—my spine needed to expand out so it wouldn't pinch the nerve. So I'd be like lying around in random places (W1; 797-800)*

That set of practices which prevents one from labouring is a challenge for the Capitalist system, as that system has a "tendency to reduce the excess of production time over the labour-time as much as possible" (Marx, 1967_a: 124-125). When an injury occurs, the excess of production time is of course largest when there is no labour being performed, yet the accident is a direct consequence of the labour relation itself and cannot be cast aside as a problem outside of capitalist production. By this respect, the political-economy of the injury is one that stems from the set of relations prior to the physiology of the injury, and extends into a similar (yet different) set of relations with another organizing force which is that of WCB. For instance, just as workers are all too aware

that they are not paid if they do not labour, they are also made aware that if they do not 'sell' their time to WCB they will also not be paid benefits. As one Case Manager, Susan, puts it:

> *Uh, it depends on the reasons the claimant is not cooperating. If it's not cooperating 'cause they don't w-want to, if they simply say "nope I don't feel like it, I want to stay home and not do anything which I have seen, we stop paying 'em benefits...And we suspend benefits until they agree to cooperate"* (C1; 199-203)

The claim files I reviewed and the interviews I conducted with injured workers revealed that they were either well aware of the consequence of not following the direction WCB places on their time and space, or the consequences were exercised such as the suspension of their benefits. While it is true WCB does not pay them to labour for their employer, they are paid to reproduce themselves as labouring bodies from WCB's funds compiled from the exploitation of workers as a whole.

I will discuss how that reproduction occurs later, but for now it is worthwhile knowing that the space and time of the body is coordinated through all three theorized sites, and that the expectations of *recovery* runs many parallels with the exploitative relations of employment. With every interview I conducted it was routinely expressed that the worker is expected to recover and has a structured 'choice' to practice the obligations involved within the process of that recovery, or not receive benefits. This means attending medical appointments, participating in rehabilitation, telephoning their case managers, attending meetings with vocational specialists, and even attending job interviews. Employers and WCB agreed that this should be a determining factor in the continuation of their benefits, while disabled from work, while workers only

acknowledged the obligation of recovery and did not necessarily agree with its legitimacy. As a case manager put it:

> *Um, the people that aren't motivated. Uhm um they don't' wanna attend any physical activity, any treatment, they feel that it may not help or they're just tired of, they wanna stay home uh, in those types of situations you know some of them don't really care if they receive WCB benefits or not because they are too tired. They just give up um. But most of the time when they see that they are being paid to go to treatment they will attend* (C2; 311-316)

Practicing Regulated Space and Time

The expectations of recovery, which is measured by the body's ability to labour, only become material through the practices of the worker's body. WCB's set of obligations seem commonsensical because bodies would seemingly want to recover, but let us not forget that medicine and health constitute a set of "body dispositions that are time and space regulated. There is a time for body actions and a place for them . . . and there is a particular rhythm to perform body actions" (Bourdieu, 1992: 75). The fundamental difference with a workplace injury is its relatively overt introduction of economy into the process. Specifically it is a capitalist economy through which the set of practices take shape. "It is the guise of obligation—legal recourse, loyalty, gifts, debts—this is the most economical mode of domination because it corresponds to the economy of the system" (Bourdieu, 1992: 127.) which in this case is capitalist. It is this very introduction of capitalist economy into the regulation of the time and space of the injury, and therefore of the body, that makes it so symbolically violent. The capitalist economy precludes exploitation through the exchange of symbols like wages and transformation of wages into benefits.

Again there are parallels between the exchanges with WCB and that of the exchanges between workers and employers. The workplace constitutes a time and place for the repeated practices of work in exchange for gifts and loyalty (monies, benefits etcetera) paid out by employers. This specific form of domination is not easily traceable because it is especially entrenched in the practices of routine life. Of course this relationship is even more symbolically violent in that the disposition of the exploited worker is even accepted by himself. The worker also sees himself from the point of view of the dominant aesthetic (Bourdieu, 1998) and accepts the reality of labour for wages.

The same is not as easily achievable when the exchange for control over the time and space of the injury is compensated for, with 'benefits'. While it is commonplace for the body to have a time and place conducive to the obligations of 'medical recovery', it is not terribly common for the practices of recovery to be exchanged for monetary purposes. The challenge then is for WCB to make this palatable—mask or abstract the relations of capital—to hide the injury as something separate from the relations of capital while maintaining a system of domination over the worker that coordinates and controls their space and time towards labour.

This is not a simple feat, as few processes are more personal to someone than their health and physiological recovery. For to lay claim on how that recovery takes place, when it takes place, and under what circumstances, requires a complex abstraction 'from the exploitative relations between 'worker' and 'employer'. Such an abstraction must be pervasive and imbued with legitimized authority in such a way that the practices of recovery can be coordinated without utter chaos and conflict from workers. I will

contend that this abstraction is achieved through the auspices of medical science and the bureaucratic tactics of WCB, as an arm of the state.

Yet, part of the abstraction is not only how the introduction of economy into the practices of recovery is legitimated, but also how money is transformed through social relations. Academics often contemplate how money alters social relations, but not how social relations alter how we contemplate money (Zelizer, 1994: 12). Monies are earmarked for certain purposes and through that practice of purpose-allocation, money itself is re-valued in different ways (Zelizer, 1994). Monies earmarked as 'benefits' serves as an important example on how money is often re-valued through social relations. I think this is important here, as some might contend that WCB is not any different from other social service agencies that provide monies that are also earmarked as benefits for specific reasons. After all, a benefit is certainly different from wages. The workers I interviewed certainly spoke of WCB as a provider of benefits as opposed to wages. Luke, for instance, told me his "monthly benefit is decreasing over the next five years" (W2; 171). It is hard to imagine that if benefits were seen as wages that such a reduction scheme would be tolerated. Case Managers and Employers spoke of the monies WCB provides in the same way. One might then ask why WCB would have any more challenges in legitimizing its authority over the time and space that coordinate the practices of others. I contend it is because WCB's responsibility is to abstract labour itself, and labour is largely how we organize our lives. We think in terms of hours spent at work, the activities done at work, how much time will be left over, and what can be consumed in those excess hours outside of work. A workplace injury is a set of practices

located completely within the essential capitalist relationship between workers and employers—the selling of labour for the capitalist's surplus value[16].

While wages circulate and transform into benefits through WCB, how is it then, that the set of wage relations between a worker and an employer are forgotten at that specific pivotal moment? What is it about benefits that seem so different from wages, and particularly at that moment when the body experiences pain, discomfort, or even agony? How is it that the worker separates 'injury' from 'work' and no longer claims wages after such an experience? On several occasions I have already spoken of the physiological experience of pain. However, this experience itself constitutes what most people think of as an 'injury'. Injury is perceived not as a socio-political, cultural, or discursive process. Rather, common sense tells us it is an unfortunate happenstance rooted in the body's practiced errors and medical condition. When asked how an injury occurred every worker interviewed referred immediately to an event of such happenstance. Employers and case managers also referred to the same sort of error-ed happenstance. An employer responded to a question on how injuries happen with the following:

> *So, that, um, was somebody with lots of experience and still had an injury, and it was just carelessness, you know to just, you know she got tangled up in a vacuum cleaner hose when she was going down a stairs an, and tripped down the stairs that kinda thing. So, just carelessness, on* ***her*** *part.* (E1; 255-259)

[16] To explain further, WCB is a stockpile of surplus value that comes directly from employers. In other words, WCB is a stockpile of worker's wages funded through the employer's extraction of surplus profit paid to WCB as an insurance premium. I am contending WCB benefits require further abstraction than most other state agencies because they are funded with collective tax dollars from a variety of sources.

This same employer then goes on to describe the types of injuries that happen in terms of medical diagnoses. The same was seen in every interview I conducted (case manager, worker or employer interviews).

The social construction of 'injury' appears to be centered on ahistoricism, as though an injury happens in an oblivion that is void of social, political, or cultural context. The act of 'injury' itself is formulated in such a way—as an event rather than a social process colored by the political and social relations between workers and employers. Injury itself is partly a performance, a "repetition that is at once a re-enactment and a re-experiencing of a set of meanings already socially established" (Butler, 2004: 114).

In this sense, an injury is interpreted as a blip in time, a flash if you will, that erases the history or the events and relations that led up to it. An injury lends itself to 'no-fault' insurance in this regard, as injuries are not often thought of in terms of having someone at fault, particularly when they result from an 'accident' such is the case with work-related injuries (or at least is most often the case). In this light, injury itself disguises the set of relations between workers and employers and sets an apolitical stage for a new set of relations with WCB. Of course this is not true, and in fact 'injury' includes a set of social and political relations that transgress across all three sites, within a capitalist system. It is the power-knowledge of 'injury' as a "discursively constructed reality accepted as truth [even by] those whose interests may not necessarily be served by accepting it" (Fiske, 1989: 150) that makes it so interesting. That is not to say that the mere notion of 'injury' will somehow conjure up an abstracted labour, separate from the relations of labour. I am only pointing out that pivotal moment in time that is named

'accident', in which 'injury' seems to occur as one (but very important) abstraction of labour—to see it as void of the social relations of work in which it occurs. The extension of that abstraction of labour beyond that pivotal moment lies in the delicately crafted intersection between medical science and state bureaucracy, as I will discuss later.

Recording Regulated Space and Time

Yet, the discussions that occur prior to an injury cannot be totally ignored as people practice history by memory, which is constantly interspersed with the dialogue of the present. Hence, life is discursive, colored by the social histories of our practice. In the six claim files I analyzed and the workers interviewed, there were discussions that included accounts of what led up to the accident happening. However, the abstraction of that blip in time is described in medical terms and so if that event is medical, it follows suit that the discussion around the history prior to that event also be medical. As an 'accidental injury' is captured and recorded on claim files as a medical/tragic event that arose from a vortex in time and space, any history that shapes its creation is captured in the same manner through medical discourse. In fact, all four case managers were asked what kinds of information leading up to the accident they wish they could request, assuming no restrictions. The answer in all four cases, after much pondering and several seconds of silence, was some version of medical information. One wanted health care runs, and the others wanted quicker access to the medical information on 'pre-existing' (prior to the accident) medical information. In this regard, the recording of the claim file is the recording of information that is seen to be non-work-related because they happened prior to the accident. This way, the medical information in the claim file eliminates any

socio-political relationships in regards to workplace injury. Those medical conditions prior to the accident are reasons to end benefits, rather than a means to start tapping into the political relations from which 'injury' arose. Here is a sample from an interview with a case manager that demonstrates this:

> Alan: *When you are making a decision, what information would you say, no that's not relevant to my decisions or the managements of my, err, the claim?*
>
> Linda: *Um, other symptoms or diagnoses that aren't related to the claim. So if I have a claimant going back and they have a back injury but they're fit for work but it turns out they have sleep apnea and can't go back for another three weeks (...) mmm they're still going back. So I wouldn't use information like that.* (C4; 470-476).

The case manager is filtering out medical information deemed non-work-related (their sleep apnea), attributing the worker's inability to work to the apnea versus the back strain, and then terminating benefits (they are fit for work). The recording of the history in the claim file as solely medical distorts, again, the political relationships between workers and employers. The fact the worker cannot sell his labour appears unimportant. The social relations behind employment are erased through case managers' practices of gathering only medical information. What is judged important, and therefore recorded, is that the sleep apnea had little to do with the medical, tragic event (the accident) that happened. If the injury is going to be formulated as a process at all, it is a medical one, separated from the social relations of work, and only in conversation with the accidental, and medical, blip in time.

However, the way in which the injury is recorded through the claim file, through a set of bureaucratic practices, is simultaneously, and in my opinion more profoundly, recorded on the worker's body. The process of injury is recorded on the space of the body

in very real, physical forms. The way the body moves, pain ridden or pain free, and the corresponding way the body moves differently once injured is a recording of injury. The body is 'what' practices and is a record of how it has practiced work before an accident, and how it practices work (or cannot practice work) after an accident. The body itself becomes a record depository as scientized proof that the medical accident **is** the injury and that injury was not a socio-political process at all. Medical science, like all disciplinary technology, forges a "docile body that may be subjected, used, transformed and improved" (Foucault, 1984: 17) upon and in so doing, the body itself becomes a repository or record of the injury itself. It is because the body is practicing a work activity at the time of the accident that the body is placed outside of the social relations of work when it physically can no longer perform the obligations of employment. It now must be disciplined into a new set of obligations of recovery, and be re-transformed into a labouring body. In so doing, the body records the recovery process as it practices the affects of the arts of medicine and the tactical obligations that WCB places on that body to once again labour.

It is not just the claim file that records the end of the injury. Every claim file I obtained recorded the end of the injury in terms of ending benefits through referencing policy and medical information that was gleaned from the injury process. Interviews captured that the bodily practices of workers also record the end of injury by returning to labour, returning to work; just as they recorded the injury at that abstract beginning when the body could no longer labour. As Linda, a Case Manager said, "the injury gets resolved and they're able to return to work" (C4; 177-184). The disjuncture between the records occurs when benefits end, but bodies do not return to work. The discovery for me

was that the perception of an injury being at end by the case manager was marked by closing a claim file. The time and space of injury for the worker is never-ending as injury itself is a process part-in-parcel with labour. Even if they do return to work, the process of injury is now carried with them as that set of circumstances that call into question 'labour' and 'injury' as separate.

Confounding Regulated Space and Time

But the best thing about bodies is that they are not only records of the regulated space and time of an injury. As I pointed out earlier using Bourdieu's theory on *practice*, social practice is space and time regulated, of which the workplace injury process only constitutes one type. In some ways, bodies live multi-dimensional lives as the practices of every day life are micro-structured in ways that participate in many social processes, and simultaneously within a single practice. Social practice is space and time regulated but within many differing social processes (Bourdieu, 1998). Each and every case manager I interviewed complained how the social lives of workers interfered with their recoveries and slowed their return to work. They complained of spousal barriers, religious ceremonies, child rearing obligations, and transportation barriers that are seen as outside the injury process. Both case managers and employers described such other social practices as 'barriers' to their return to work that must be addressed quickly to avoid any further delays in returning them to work. As one employer, complaining about the duration of benefits a claimant received, explicates:

> Carson: *And uh, I guess the only time I, I'd have a concern, is the one that I'm dealing with right now has been going on for months. And uh, and she's just dragging it out as long as she can. And uh, I have issues with that.*

Alan: *How does that get dragged out? How does that happen?*

Carson: *She's missed appointments, scheduled, appointments have been rescheduled, she's supposed to have surgery, she you know, couldn't attend surgery cuz she had a funeral and WCB asked her to submit a death certificate. All of a sudden she didn't go to the funeral cuz she was scared that carrying the suitcase was gonna injure her, her a um, injure, hurt her injury further. Those kinda things. (E1; 273-283)*

Social rituals such as those to do with death, as seen in this example, are composed of practices outside the process of injury and overlap the time of the injury process (and therefore the reproduction of the labouring body). The body exists in the times and spaces of many social processes. More interestingly there are some processes through which the regulation of time and space has primacy over others based on larger social norms and obligations. This example is particularly important not only because it demonstrates the body's multi-dimensionality, but also because it shows how the body resists the regulation of its time and space, and is not a mere docile receptor of recorded time and space (Butler, 1993). Workers can use knowledge of such norms to avoid the power exercised on their bodies and the ways the injury process regulates the time and space of practice. Bodies confound space and time not only because they practice multiple social processes simultaneously. There also remains the possibility of conscious choice of a worker to resist how their space and time is regulated, even if that choice is constrained.

I will discuss this in greater detail during my later discussion on medical science and the body. What I want to make note of at this time is that the body confounds the way the other two sites regulate its space and time for the purposes of reproducing a labouring body in two ways: one, through the mere fact that social being requires the body to practice many processes simultaneously, each body with its own assemblage of micro-

structures that regulate its time and space, and two, through the worker's conscious ways she resists the ways her space and time is regulated through the injury process.

Chapter VI The Political-Economy of the Injury Process

Reproducing the Labouring Body

Returning to my earlier promise, I now want to talk about the ways in which the injury process is regulated. In other words, it is not enough to note that the space and time of the injury *is* regulated; it is also important to know who regulates it, and why. I wish to name those processes that shape the regulation of time and space of the injury. It is here, I want to remind the reader that social existence is not a mere set of minute social practices. Rather social existence is a bridging activity between those minute cultural practices and the broader socio-historical processes, none of which I feel is as omnipresent as Capitalism in both its cultural and economic means. I feel it would be a mistake to promote a view of "culture severed from any ties to the fundamental structures of capitalism. . . [as it would only help] produce forms of consciousness that supplement neoliberalism's conservative individualism" (Hennessy, 2000: 83). To connote social practice as occurring in a vortex without larger meaning would only feed that which I mean to refute. I would be enforcing that the practices of injury emerge as a case of happenstance, without the larger material systems of exchange shaping the conditions through which practice occurs. Oppositely, to only consider those larger systems of exchange would reduce practice to a structured product of that system. Instead, I would agree with William's statement that we should "look not for the components of a product but for the conditions of a practice" (Williams, 1973: 171).

In the case of workplace injury, the body practices labour, and as part of labour, recovery. The practice of the body is simultaneously imbued with the cultural meanings behind labour and the material conditions of that labour within which practice occurs.

The workers I interviewed lamented the socially meaningful parts of work it gave to their lives, and the friendship opportunities that are gone between them and their employers, and them and their co-workers. Similarly, a sense of betrayal with co-workers and employers shapes their desire to return to work, and often reluctance to return to work. So while the sites of WCB and the site of employment may shape bodily space and time for the larger capitalist economic system, practices can also shape and transform that system itself. In summary, practice is cultural and economic at the same time (Althusser, 1969) shaping the conditions under which labour occurs, and thus how injury occurs.

Therefore, the body is *practicing* the material and the cultural conditions of capital, and is *practiced upon* by those instrumental forces of capital arising from the relations workers form with employers and the state. In the case of the state, it is the arm of the state known as WCB. It is WCB that is charged with the authority and responsibility in returning a body to labour—to reproduce labouring bodies. Through this transfer of authority, the employer transfers the capitalist contradiction of which the worker's inability to labour is part of labour itself. Interestingly, only employers and case managers in my study made clear connections between employers and the obligations they place on WCB. Only employers and case managers described the transfer of authority from employers to WCB. The workers interviewed felt that the pressures WCB placed on them to end benefits and send them back to work stemmed from a desire to get them off of case managers' caseloads or to save money for WCB itself. This is in very stark contrast to case managers' understandings as to why benefits must end and workers must return to work. I refer to my interview with Linda who was the most vocal on the subject of WCB obligations:

Linda: *...in my mind, my role is to make sure, to make **sure** (.) **they** are fit for work.* (C4; 255)

Alan: *So if they are fit for work, be it their date of accident or other work, um, (pause) what happens to the client? What happens? Why is that important to us? Why do we care if they are fit for work and off benefits? Why does it matter?*

Linda: *Why do we care? Well, I think there's a number of reasons why we care. Because we're not only there for the clamant but we're there for the employer, and though we support the claimant through benefits, it's the employer that pays into this insurance plan. And, it needs to be recognized that it's also our job to make **sure** that we direct the claims and the claimants are fit, fit for either the their day, date of accident job or another job.* (C4; 272-280)

Linda accurately described the role of WCB as primarily a service to employers to rid them of their obligation in assisting workers with their disability both financially and physiologically (and of course addressing injury as arising from labour relations). Case managers recognized WCB as a stockpile of employer capital, which is made from the surplus value of labour, and then fetishized into benefits. WCB is one of the few agencies with moral legitimacy to pay wages to someone in exchange for a guarantee they will practice their body back to labour (a guarantee that, depending on the level of disablement, would seem impossible at times as was the case with one of the workers I interviewed). It is the only one I am aware of. WCB's job is not an altruistic venture into the health and well-being of workers. While it is true that case managers speak of care, it is a venture addressing the reproduction of labour, and quintessentially, the practices of capitalist exploitation itself.

Then why would workers participate in such an exchange? Why would workers willingly receive benefits, which are actually monies already extracted from labour, only to agree in returning to a system of continued exploitation? Part of that answer rests in

what Bourdieu terms the *economy of practices* and *symbolic violence* (Bourdieu, 1998). The worker exchanges control over his space and time for benefits that were created on the back of labour to begin with. The state (WCB) has an ability to create subjective perceptions around workplace injury that masks or abstracts the exploitative exchange itself, and achieves that, through the materiality of the organization and its structures. Practices performed at all three sites are then 'economized' through a system of exchanges that benefits employers more than workers. As Bourdieu states:

> *If the state is able to exert symbolic violence, it is because it incarnates itself simultaneously in objectivity, in the form of specific organizational structures and mechanisms, and in subjectivity, in the form of mental structures and categories of perception and thought* (Bourdieu, 1998: 40).

I am careful not to presume a psychology or social psychology behind these 'mental structures'. It is more an objectivity of subjective-ness that Bourdieu refers to, or what is similar to Foucault's 'discursive form'. There are specific ways of knowing and thinking that are historically formed in productive ways that benefit some over others (Foucault, 1984); and in the capitalist epoch it is the benefit of employers over workers. I will discuss the organizational structures of WCB in my later discussion on what I label *medeaucracy*. For now, I wish to focus on some of the mental structures without which the process of workplace injury could take place in its present way. I derived these from the interviews.

The first I wish to discuss is that 'workers who are injured are the sole authors of their own misfortunate circumstance, and to a degree deserving of their plight brought on by injury'. This is not in contradiction to an injury arising from happenstance. It is no fault insurance, and in so being, the only plausible person at fault is the 'body' that

caused the injury to begin with. This is symbolic violence on at least two levels: one, injured workers must desire to return to work or else align themselves with the cultural stigma of being lazy and therefore deservedly misfortunate; secondly, it culturally legitimates employers' and WCB's expectation that they return to work as soon as possible. As evidence, notice the similarity between the following statements made by workers, employers, and WCB alike:

Linda (case manager): *...an individual either ahh, is injured la, uh, due to their lack of (pause) information on how to do their job or lack of respect in doing their job, or other reasons being, uh, laziness. Nottum, recognizing the process of how they need to do their regular job duties in a way that they won't injure themselves.* (22-25)

Carson (employer): *If you kinda hurt them where it hurts the most in the pocket [I felt disgusted at his comment]. But for you to loose only ten percent of your salary, and sit at home and like I say, save day care costs an, and other things, then, ih, ih, it, to me, it, its, opens a window for people to abuse the system. So, an and, I'm not saying that happens in every case, don't misunderstand it, it, I just think, it, the, the window of opportunity is there, people will use it. Some people will use it.* (440-445)

Ryan (worker): *It just, you know, ih, it, it's just such a stigma on the WCB like for lazy people.*

where do you think that stigma comes from?

Lazy people. Like you know, people abusing the system." (874-881)

It is striking that all three almost metaphorically see workers as lazy and deserving of injury. Of course, the most striking is that of the Ryan, who later in the interview explains how he was, and is, seen by his employer and co-workers in the same negative light he views other injured workers, despite his self-perception as a hard-working, proud

individual. Even so, he commented on all 'those other lazy workers' at the rehabilitation centre he was sent to by WCB. Yet, WCB enforces such perceptions in its every day practices of demoting those who have subjective responses to pain as being lazy or unworthy of further benefits. Recalling that WCB's mandate is to return bodies to labour, when workers refuse to return, they must be 'lazy'. In close comparison, the letters I reviewed on claim files written by case managers demoted workers' 'subjective' responses to pain without 'objective reason' as grounds to terminate benefits. While the word lazy is not used in these letters, it certainly is saying it is the perception of the worker that prevents him from returning to work and not anything worth paying benefits for. This perpetuates the stigma as the workers I interviewed doubted their case manager's conviction when validating their pain. Symbolic violence is found in the worker's need for benefits that require of him to see other injured workers—the generalized other—as lazy or undesirable. To receive benefits is not the mere forgoing of control over their space and time of injury. It is also the forgoing of the framing of that injury as to when it is a legitimate injury and when it is illegitimate worker-laziness. Workers are to think of injured workers as still 'other' and to separate themselves from their own position. In essence, they see themselves from the dominant aesthetic (Bourdieu, 1992).

The second mental structure of note is the dichotomy between work-related and not-work-related (or what WCB often renames as compensable versus non-compensable). I will not revisit my earlier discussion on the ahistoricism this dichotomy creates, but I will highlight how this translates into symbolic violence. It is worth mentioning that the workers interviewed said they understood the difference between a work-related injury

and a non-work-related injury well before that pivotal moment that erased the political history behind that injury's occurrence. This is not to say they always agreed with WCB's decision, but they understood why, for instance, degenerative disc disease in their back would not be work-related, but a strain would be. This artificial separation between work related and non work-related is dismantled when we examine the great number of practices in our day that centre on our employment. We get up and go to bed according to capitalist time, brush our teeth at specific times, make dinners according to that time. We maintain our bodies so we are able to participate in labour activities. If time itself were recognized as capitalist, then the separation between work-related and non-work-related is blurred. Yet, the mental structure of work-related and non-work related limits the responsibility of paying benefits and in so doing distracts from what those benefits actually are. It is through such dividing practices that individuals are objectified into subjects (Foucault, 1984: 7); in this case there are the work-related from the non-work related injured workers[17], ignorant of the fact neither can perform labour in the capitalist economy. Through these practices of exclusion—that some injuries are entitled to benefits and others are not—benefits are seen as a privileged entitlement and not thievish monies again returned to the rightful party.

[17] Non-work-related versus work-related injured workers: I am distinguishing here between a worker who is injured at a time and place that WCB considers 'work-related' versus a worker who is injured at one that WCB sees as not work-related. The former worker would receive benefits. My argument is that most all of our time and space is regulated through capitalism and is therefore all 'work-related'. For example, WCB would not provide benefits to a worker who is injured while routinely travelling to work because WCB's position is that travel to work is not consistent with the obligations of employment. However, does a worker not have to get to 'work' in order to start 'working'? Does she not have to eat food at home in order to get up the next day, to get into the car, to travel to work, to start working? My argument is that the mental structure of 'work-related' versus 'not-work-related' itself can be dismantled in such ways as I have described.

State Power and the Process of the Injury

Needless to say, the manner in which the state incarnates itself in the subjectivities of its populace does not necessitate a planned or contrived plot between capitalists and the state in order to reproduce labouring bodies. In fact my research found quite the opposite—that there was little collusion or planning between employers and WCB. In fact the claim files reviewed and the employers interviewed all depicted employers who felt the WCB was too lenient with workers and that their premiums were too high. One employer even felt that WCB was a policing agent, or a watchdog on employers through the premiums they charge. She did not "deny that they have incidents" or injuries, but felt her premium cost "is really much higher than what it should be"(E2; 705-709). In this way she felt WCB was policing her (but not in the Foucauldian sense of the word). She certainly did not indicate collusion and neither did the others I interviewed.

This is not to say that employers did not recognize that the goal of WCB was to reproduce labouring bodies. Both employers stated the goal of WCB is to return workers to employment as soon as possible. What I am saying is that the organization of WCB—its bureaucracy—works independently of any one individual employer or worker. Employers cannot simply request or bend those rules (or perhaps only within certain limits) to return a worker to employment.

My finding was that the process of injury was also a state process with similar large-scale concerns that other state entities have, which goes beyond any one worker or any one employer. For instance, Susan, a case manager, told me that workers are more directly affected if they do not cooperate but there are consequences for employers as

well when they do not cooperate with WCB (C1; 215-222). Employers too are subjected to the power of WCB as WCB regulates its health and safety practices by raising premiums and auditing their work environments. The point is that the WCB does exercise its own bureaucratic practices and is not just a puppet for employers' will. Both workers and employers can be punished. Rather, WCB like other state apparatuses has a set of relations with capitalism that serves the interest of employers but is not an extension of employer bureaucracy. As Foucault states in his discussion of 'political power':

> *. . . the political problem is that of the relation between the one and the many in the framework of the city and its citizens. The pastoral problem concerns the lives of individuals...the well-known welfare state problem does not only bring the needs or the new governmental techniques of today's world to light. It must be recognized for what it is. One of the extremely numerous reappearances of the tricky adjustment between political power wielded over legal subjects and pastoral power wielded over live individuals.* (Foucault, 1979_b: 235)

Foucault provides a good explanation for what I found. WCB concerns itself with the relationship between the many and the individual, and in this case concern arises from the capitalist requirement of labouring bodies for the economy to operate the way it does. The bodies of individual workers are targeted not only for their individual welfare, but a concern for the capitalist system and its labour market. This would explain why even employers may find themselves disagreeing with WCB, as WCB has rules it lays onto its legal subjects (workers and employers), which govern injured workers back to labour for the continuation of the capitalist mode of production. Its function is not the adherence to any one employer's economic or political desires per se, but the adherence to the set of relations that makes capitalism operate; keeping in mind that power is unequally distributed between labour and capital, favouring the latter. Therefore, on the one hand it

is a question of political power expressed as a concern for the many as workers become 'legal subjects' that are required to return to work in order for capitalism and economy to function.

On the other hand, pastoral power, as expressed through the medical providers' and case managers' guidance, is how individual bodies are reproduced back to labour. WCB constantly balances the lives of individuals with its greater function in returning bodies back to labour. For instance, one case manager stated, in reference to her case-planning activities, a worker back to work: "do one more assessment [laughing] which adds fuel to the fire in finding them fit" for work (C4; 415-416). Another case manager summarized her entire position as one of 'coordination' and specifically the coordination of the time of workers in getting them back to work. She said, "I help coordinate their medical services and support uuhh if necessary vocational services to get them back to work" (C1; 24-25).

There are many tactics at WCB that help strike this requisite balance between pastoral care and political power. A prime example is WCB's statistics that track the expected recovery times of injuries. Ryan, an interviewed worker, sarcastically stated, "WCB's just like you know, oh yeah you just get out, move around, your back gets fine, in six weeks" (W1; 983). It is through such biopower that WCB expresses its concern for the many, but through the management of individuals. It sets a "standard to judge—qualify and measure—regulate what is or is not acceptable" (Foucault, 2003: 22).This exemplifies just one of the many ways WCB has political power. That power extends from tracking the time of injuries in general (political power) into the evaluation of the

time and space of individual injuries or to plan their 'care' (pastoral power). This is called 'duration'. As one case manager explained:

> Alan: *What do you mean by duration?*
>
> Linda: *Um, I mean (.) the length of time it takes for a claimant, from the injury date, t'the day they go back to work. Those days in between and they're being paid, benefits, full benefits cuz it's all we deal with right now, um, it's the time from that to the time they return to work* (C4; 238-243)

Through such tracking, there is an expected time, or duration, for the injury to start, exist, and end according to the knowledge of 'duration'. It sets a norm, or a bar, for which the injury process is allotted time, and if that norm is not met and the bar goes beyond the normal duration of an injury, WCB has what Foucault calls 'tactics' to manage that duration.

These tactics centre on the management of individuals' lives. For this, the WCB uses what Foucault called pastoral power. This includes the governance of individual's lives in very real, tangible ways. After all, it is the reproduction of individual labouring bodies that WCB is charged with the responsibility of reproducing. It has became the state's position and even obligation to address the relationship between capital and labour, and specifically over capital and the individualized body (Rabinbach, 1986). Pressures from workers to address the plights of capitalism, and pressures from employers to legitimize their role as the purveyors of wages, have brought workers' compensation systems into existence since the late eighteen hundreds (ibid.). Since that time the tactics WCB uses to reproduce the labouring body have become a very political, discursive process, that abstracts the injury away from 'labour' into *something* medicalized. The workers I interviewed complained of all the medical appointments,

consultation, treatment, and the like, that have been used to coordinate their time all to find them fit for work. This is despite their own experience of injury telling them otherwise. So while WCB has historical legitimacy from both workers and employers, the pastoral power is exercised only on the individual bodies of workers, serving the larger capitalist concern and requirement for labouring bodies. In many ways, WCB uses "health as a form of policing which is specifically concerned with the quality of the labour force" (Turner, 1997: 15). This is holistically true of WCB as it is their very mandate to reproduce labouring bodies.

Naturally, this is an oversimplification of the mandate, because it begs the question as to what exactly is produced. It would seem logical that in reproducing a labouring body, WCB would want to increase the likelihood that the worker will return to employment as efficiently as possible. The files I reviewed and the interviews I had with workers would show otherwise. Workers, who requested services to assist them in returning to employment for increasing their chances at finding employment and becoming less likely to reinjure themselves, consistently complained of being denied such benefits. Here is an example, as told by Luke:

> *I'm a medical illustrator, trained in Germany. The only way to get into the market for this position is when someone either dies or retires" He commented on how this type of work is now computerized into graphic arts and design and that he would need a background in that area of expertise with formal education to get employed, but that WCB denied any kind of retraining because of his age and the way he was categorized.* (C6; 205-210)

Interviews with case managers showed that workers were grouped into specific categories, and according to that category it is determined whether and which services they are entitled to. The categories include qualifiers such as their earnings at the time of

their accident, their vocational background, their age, and others. What is even more interesting is that the case managers interviewed were practically quoting a specific WCB policy section which speaks to the level of services a worker is entitled to for assisting them in returning to work. This is policy 04-05 that reminds us that the worker is only entitled to receive benefits that return them to a level of employability equivalent to their date of accident earnings levels. This is in adherence to WCB's responsibility in being cost-effective with employers' money.

Capitalism relies on workers that are willing to take what WCB would call health and safety risks. It is therefore important to reproduce labouring bodies that practice the same labour activities, or labour activities that have the same risk and pay. The argument of neo-liberal scholars, such as Fishback and Kantor, that "to resolve insurance issues may require reducing the benefits and coverage from levels highly valued by workers" (Fishback and Kantor, 2000: 203) only supports a reproduced body that is less likely to labour than it once was. The irony is that spending more money on these benefits would likely reduce the likelihood of re-injury and be a cost saving in the long run[18]. Regardless, as I pointed out earlier, the injury is a socio-political process and a state process that is concerned with the 'many', meaning it uses political power to reproduce labouring bodies and specifically bodies that will again fill those positions least desirable within the labour market. This is particularly important in Alberta, and Canada as a whole, where, "since the 1970's and 1980's . . . fewer people are employed in the reasonably well-paying, full-

[18] It should be noted that WCB is an entirely separate organization from Alberta's occupational health and safety initiatives. WCB does not reprimand, punish, nor enforce health and safety prevention. Its role is limited to adjusting employers premiums for good health and safety practices most obviously identified when employers file less accidents.

time, permanent jobs that used to be taken for granted . . .fewer workers now have access to good jobs" (Krahn and Lowe, 1998: 137) and are thereby most likely to be injured.

Injured workers are segmented back to those jobs as they are used to labouring these jobs and are more easily returned to such jobs if not retrained. The employers I interviewed both commented on how challenging it is to find people to work as dishwashers, shippers, receivers, and room attendants. At the same token, the workers interviewed told me how short money was and how they feel trapped. Ryan, for instance, advised me that his employer withheld some of his wages because he filed a claim with WCB, and combined with WCB's delayed decision making, was forced to apply to welfare while begging his friends for money. Similarly, Luke was working as a warehouse person who says he could fit all of his personal belongings in three to four suitcases. He is currently saving up money to one day own a coffee table. Both Luke's and Ryan's benefits ended because, though they were never found fit to work at the same labour they had, they could work as something else that paid their date of accident salaries. Ryan, who was twenty-one years old at the time, was deemed capable of working as a tombstone salesperson and therefore not entitled to retraining or further vocational benefits. Incidentally, Ryan has no interest in this line of work nor has he ever been in the sales industry. Similarly, Luke was deemed capable of working as a car-rental clerk and so his benefits were reduced. Incidentally, Luke has never obtained a license to drive and has very little interest in cars or sales.

The fact remains that WCB's concern is the reproduction of labouring bodies through such exercises in political and pastoral power. To tabulate what a worker could theoretically earn based on the contents of their claim file along with labour market

statistics, it becomes clear WCB is concerned with the management of the many—for the capitalist system as a whole, and not the individual. In this way the process of injury is much a process of the state.

The same can be said about employers' domination over workers within the injury process. Jennifer, a human resources manager, often felt sympathetic towards injured workers and expressed how she wished accidents would not happen, which I felt genuinely arose from her care for her employees. She said,

> *So there's always gonna be the potential for slips. Albeit, yah maybe, aah, in, ina surreal world [laughing] it would be unavoidable, in a perfect world that we could um, not have that there. But it's just, it's there. So to me that's unavoidable. It's that potential, that potential is there, it's a potential hazard. Then, um, that's the majority of the injuries would be slips, and then back injuries* (E2; 42-46).

She recognized that the process of injury is a practice of labour because it is an inevitableness that spans all workplaces. Injury is itself a piece of the puzzle that forms the set of relations between capital and labour. Jennifer is not unsympathetic towards her injured staff, and is in fact a labourer herself much as are case managers at WCB. Part of me wishes I had access to those at the top of the hierarchy who truly own the means of production, instead of their representatives such as Jennifer who, as being labourers themselves, were torn at times between identifying with capital and other times with labour. Throughout my research, I found it important to refer to the following quote by Bourdieu because it reminded me that domination is entangled as a set of constraints that places one in a dominant exchange over another, while that same individual practices exchanges with whom they are dominated by. Bourdieu states,

> *Domination is not the direct and simple action exercised by a set of agents (the dominant class) invested with powers of coercion. Rather it is the indirect effect of a complex set of actions engendered within the network of intersecting constraints*

> *which each of the dominants , thus dominated by the structure of the field through which domination is exerted, endures on behalf of all the others*
> (Bourdieu, 1998: 34)

Workers I interviewed, when asked who they held responsible for their injury, did not point blame at their employers or at WCB, but rather said it was a series of circumstances. In part, this troubled me based on my earlier discussion over the injury being viewed as that ahistorical blip in time—as though their injury is disconnected from the relations of capital. Then again, capitalism just *is*. I suspect it was the question itself that stupefied workers as there is no clear alternative to capitalism. It is not as though one can shop for a different social system!

What disturbed me more was the way in which workers are sanctioned for not practicing the workplace injury according to the way in which the system operates. One worker did not file a claim quickly and thought he would just 'tough-out" his injury. His employer then refused to complete a report of injury to WCB, claiming there was no proof that an injury occurred. He had a disc protrusion[19]. When a worker does not adhere to the ways in which his life is space and time regulated by WCB his benefits could be suspended. The workers I interviewed said they were always made aware of this. In many ways, the process of injury includes what Bourdieu calls 'practical faith'. Practical faith is the way that people in a given field sanction others who are new to the field that might stray or challenge the social system which "is less a kind of arbitrary adherence to a set of instituted dogmas, but rather a state of the body" (Bourdieu, 1998: 68). The body learns what to practice, where to practice it, and how to do so in a way that creates "undisputed, pre-reflexive/naïve native compliance" (ibid.). In many ways workers practice the

[19] a medical term that describes the impingement of a nerve in the spinal region

process of injury in undisputed ways. By this, I am referring to the fact that neither worker interviewed, nor one of the six separate files I reviewed showed that workers saw the injury process within the capitalist system as something to be resisted against. In other words, the rules of the field that arise from the larger social relations of capitalism were not reflected upon. Though I pried for comments around the injustice workers withstand while being injured while selling their labour, I found no such comments. The rules of capitalism are left as unquestioned taken-for-grant-eds. Similarly, workers did not question whether their bodies *should* be reproduced back to labour. The rules of the process of injury demands that this occurs (or, again, their benefits will stop before they can plausibly return to work). Through my research, some of the 'rules' of the injury process that are sanctioned if not followed include:

- Recognition of the injury as a no-fault process. WCB exists as a no-fault insurer, meaning workers must view their injury as outside the employment relationship, and as that apolitical/ahistorical blip in time. This, in effect, detaches the injury from the larger set of capitalist social relations—the worker must perceive their injury as one of 'accident' and not as part of the capitalist exploitation of labour
- Adherence to the state's (WCB's) regulation over time and space. This includes attending medical and vocational service appointments of various sorts. These are the information sets WCB uses to build a case on the body's ability to return to labour. If the 'game' is not played by the worker, benefits are terminated
- A belief that the body can be reproduced as a labouring body. Interestingly, workers and case managers confirmed that workers are sanctioned through benefit reduction or suspension if they are not perceived as willing to return to labour. For

instance, Ryan was told by his employment specialist that he did not truly want to return to work. When word got to his case manager, she called him to advise of the repercussions and possible termination of benefits. Employers I interviewed also confirmed this, but did not feel the sanctions were severe enough.

- A negation by WCB of the personal experience of pain and inability to work and an adherence to the 'objective' medical opinions made by others. Workers all complained that their voices were not acknowledged—that it did not matter if they felt pain and felt they could not return to work. The rule is that benefits end when medical evidence finds a worker is able to return to work, regardless of their personal bodily/social/emotional/political or other 'subjective' experience.

None of the workers, case managers, or employers expressed a disagreement that would refute these rules, while I am sure further research could demonstrate otherwise. From what I observed, these rules were left unquestioned. By this I mean, no one disputed that injuries should be interpreted as just an expected part of life; a no-fault, neutral activity that occurs from pure accident, as though void of socio-political relations. No one disputed that the WCB is *the* place of authority over the time and place of the injury—the place that coordinates rehabilitation and the reproduction of the labouring body. No one disputed, including Luke who says he has not been able to work in years, that they should not be willing or expected to return to work (perhaps this explained Luke's feelings of inadequacy and depression). Lastly, no one disputed, including workers, that workers should adhere to the auspices of medicine and rehabilitation as a means for returning bodies to labour; no one disputed that the body must return to work.

It is through such adherence that the docile body is formed. It is in these ways that the body is acted and inscribed upon (Foucault, 1984). It is in these ways that the body practices history in its very discursive form, but without recognizing it as such. Perhaps it is because the state is the only place of contestation (Osborne, 1997), where people can voice their concerns, and only within the rules already predetermined through practical faith. I think Ryan expressed this best when he sarcastically stated, "like, can I go somewhere else? Like, do I have to sue em?" (W1; 360). The issues workers (and WCB staff and employers alike) have with the injury process is already problematized in terms of the state, or WCB (ibid.). The possibility of alternatives is not readily thinkable and would be quickly sanctioned if attempted. The docile body practices over and over, the actions and behaviors expected within these rules.

Chapter VII Medeaucracy

The Abstraction of Injury

The question still remains though, as to what prevents workers from recognizing the circulation of exchange. What prevents workers from seeing that the monies they receive from WCB are already monies made by labour and now used to reproduce labour? I have answered that question in part. To briefly recapitulate, I have discussed the ways in which the time and space of the injury is carefully regulated as separate from the labour process itself, through its falsely apparent ahistoricism, devoid of the social relations that helped birth it. It is also through the fetishism of money itself—as I have also discussed the ways that money is transformed into benefits can create an aura of privilege rather than entitlement. I have discussed how the injury process includes a symbolic violence that is shaped through what Bourdieu sees as mental structures, similar to Foucault's 'discursive form'. Mental structures of 'work-relatedness versus non-work-relatedness' and 'the deservedly injured worker', that sets forth some of the socio-historical framework as to why such symbolic violence is permitted. Lastly, I have discussed how the process of injury is much a state process similar to other systems of exchange within capitalism. In many ways WCB, like other social services, is a part of the welfare state concerned with the problem of the many, and resolved through exercises in political and pastoral power. In this way, workers would only expect WCB to act in the best interests of capital, like all the other state apparatuses.

Throughout my discussions, I have purposefully left an element of doubt in the completeness of my explanations. While all of these discussions help outline the way in which the injury forms a socio-political process, I have still not adequately explained the

process through which the exchanges between labour and capital are masked. Earlier I mentioned that the state also incarnates itself in objectivity, in the form of specific organizational structures (Bourdieu, 1998). In the case of workplace injury, there is a very unique set of organizational structures which I term *medeaucracy*.

Medeaucracy is the term I am using to describe the intersection between those bureaucratic practices that operate as government tactics, and the discursive power of medicine. By 'government tactics' I am referring to the Foucauldian notion of a set of practices located within state apparatuses that is targeted at a *population* with specific ends (Foucault, 1979_b). These tactics include the introduction of economy into the lives of individuals (ibid.). In this case, the 'end' is to reproduce labouring bodies for that essential set of relations rooted in capitalism—the provision of labour for surplus value. What makes WCB so unique is the unusual integration of state tactics and medical discourse. It is medeaucracy—that powerful combination between state tactics and supposed objectivity found in medical science—that abstracts the relations of capital sufficiently enough to maintain the process of injury as something seemingly removed from the exploitation workers suffer. Abstract labour is "the idea of uniform, homogenous labour that capitalism imposes on its heterogeneity, the notion of a general labour that underlies 'exchange value'. It is what makes labour measurable" (Chakrabarty, 2000: 91). But, again returning to the irony of injury in that the inability to labour arose directly from those very relations between labour and capital, injury poses a challenge in maintaining its abstraction as something different from labour itself.

To separate the human experience of injury from the relations of capital would require an abstraction quite different from the usual "technology and supervision that

makes abstract labour possible" (ibid.). Exploitation of labour by capital is not only the extraction of surplus value, but is also the cultural, social and *human* practices through which exploitation occurs (Hennessy, 2000: 84).These practices detract and abstract work from its use value into exchange value (Marx, 1967_a: 186). The question then, is how to maintain such an exploitative relationship since as part of the labour process, the worker can no longer labour due to his or her disability. WCB is charged with the task of finding and developing tactics of maintaining a similar system of abstraction to overshadow the fact that injury is a function of exploitation, and really an extension of the labour process itself. At the same time it must reproduce the body back to labour, as though it had left the labour process to start with. In summary, it must remove injury as a set of practices, as something other than a practice of labour, and then reproduce that same body into 'productive' labour from which surplus value can be extracted.

The Discursive Power of Medical Science through the Injury Process

The discourse of medical science serves as a very powerful mechanism for such an abstraction to take place. Medical science has created an abundant knowledge of even the smallest details on the manner in which the body practices, and in its utmost material ways. As social historian Anson Rabinbach notes:

> *In the three decades before World War I, European scientists produced an extensive literature on the physiology, psychology, and practical aspects of industrial work. Unlike the perception of labour found in earlier doctrines of moral or political economy, this literature centred not on the 'worker' in a social sense, nor on the economics of wage labour, but on the body of the worker, whose movements and rhythms were subjected to the most detailed investigation* (Rabinbach, 1985: 475)

Medical science, operating from its strong positivism, tracked, recorded, and published an abundance of literature on the mechanics of the body and its practices of labour, in a language that distorted the practices of work to naturalize it and separate it from social, political, or economic relations (Rabinbach, 1985). The language from both employers and WCB, when talking about returning bodies back to labour was almost always in medical language that avoided almost completely the set of social relations between workers and employers. For instance, employers reported that 'injury' is explained to their workers through health and safety programs. The programs I heard about portrayed injury as medicalized events, void of exactly those social relations I mentioned. Of course these programs are part of that very set of social relations because they hide or abstract injury as separate from the labour process. The discursive power of 'injury as medical' persists through medicine's positivist science—its truth telling capabilities to distort the 'social' from the 'bodily' (Fox, 1999). The employers I interviewed had health and safety programs that fit well within this idea:

> *I mean certainly we have like a really strong health and safety program, and we also have a lot of posters for awareness for around the hotel. Um, we've had a physiotherapist, or not physio, a chiropractor come. Talk about proper lifting, and, and the mechanics of the back. Um, had a health and safety month every June. And, you know, uh, talk about different health and safety practices. A contest, to go a long with that. So, the lifting you know, I mean you can communicate it, 'til you're green but I still think that it, it's human nature to try and do more than what you can do. The slips again, yeah, it may be unavoidable to have those spills and things but I've introduced something called 'shoes for crews' to the hotel which I* ***hope*** *to try and make mandatory. But it's an anti-slip shoe program [speaking in a quick fashion which felt like a sales-pitch to me]* (E2; 119-128).

Health and safety programs rely on and are formed through the knowledge of medical truth tellers. In this case a chiropractor and an orthotics specialist[20] have shaped the definition of injury, which masks the social relations of which injury is formed by.

WCB also uses medical discourse as the primary knowledge to shape the injury process, again abstracting the injury and therefore labour from its social relations between workers and employers (and workers and state). The services offered through WCB to assist workers with their injury, as WCB defines injury, are first and foremost medical services. When asking Case Managers how they saw their overall role the answer was almost identical in all cases. They all saw their role primarily as providing medical services to assist workers with their recovery, again striking that balance between pastoral and political power. To exemplify, one case manager said:

> *"what I do here is what I believe I do is help injured workers get back to work and provide the benefits and services on a timely, appropriate basis to help them get back. Certainly number one is the medical rehabilitation, the referrals to specialists, visiting specialist clinics, uuh, to rehab facilities, t'help them with their recovery"* (C3; 17-20)

When asked what other benefits or services they think should be provided other than medical and vocational services, case managers were perplexed. Each took a long pause and validated that while my question was a good one, they could not imagine other services that would add to the management of their claims or how they make decisions. I was personally hopeful they might have mentioned labour relations workers, social workers, or even sociologists who could have a role in broadening the definition of injury

[20] Orthotics specialist: one who specializes in the development and sale of devices to assist with body mechanics usually for the purposes of injury prevention or the affects of an injury. The most common orthotics are those for the feet.

to include the relations between workers and employers, and workers and WCB. This did not happen.

Medical science sets a foundation of knowledge for WCB and employers to reproduce labouring bodies because of the positivism medicine has developed for studying those minute practices of the body. As workplace injury became a bone of contention between workers and employers, the state was forced to address the issue and hence workers' compensation boards were developed as the means to intervene (Rabinbach, 1985). Medical science's development before the development of WCB's, became a very useful discursive tool. It generated a set of norms for surveilling the body in ways that made WCB a possible institution for the abstraction and reproduction of labour. WCB and employers would not want the social and political discourses of capitalism to shape the discourse of injury, for employers would have had to admit fault, which was exactly what they were lobbying against (ibid.).

Medical science offered a discourse that already "had cognitive authority over the way we think about bodies including our own" (Wendel, 1996: 121). Medical science provided a discourse that could tell the body how it was injured, what the body should do to recover, and when the injury is at an end. It does so with its own terminology that is distinct from human experience, political-economy or other competing discourses (Fox, 1999). For this reason, WCB uses medical science. Medical science is perceived as value-free positivism, which can and does exercise control over the process of injury including its incipience, duration and termination. As the body's experiences are explained through a discourse that alienates the body from its own experiences, it gives capitalist organizing units, including WCB and employers, an ability to manage the injury process. One

worker stated he hated even touching the part of his body that was hurt. He said, "it feels alien to me" (W2; 17). In this way, "the authority of medicine to describe what is or should be going on in people's bodies also provides justification for medical management of bodily processes" (Wendel, 1996: 121). Knowing that medicine is not value-free, much like other positivist discourses, the management of those bodily processes through medical discourse is open to competing rights over truth-tellers opinions, findings, diagnoses and so on. The socio-political relations between medical practitioners and the state, and between medical practitioners and capital, shape how the injury process transgresses and to whose benefit (Trice 1993: 184).

WCB Tactics and Medical Science

Those very socio-political relations form the specific organizational structures at WCB, which allow symbolic violence to occur. Workers exchange control over the space and time of the injury process, for what is perceived as the legitimate authority of a discipline (medical science) over the body. Medical science is a powerful enough discourse to abstract injury as a function of the relations of labour, into that apolitical and ahistorical event, and subsequent process of medical recovery. Medicine then localizes injury onto the body alone, and explains it as a cause and effect set of relations (Fox, 1999) in its own terms and requirements. This means that the truth tellers of the injury are those of medical science. The claim files I reviewed and the people I interviewed all constructed 'injury' on what truth-tellers of medicine told them about injury. These truth-tellers include occupational therapists, physicians, specialists, psychologists, psychiatrists, orthopaedic specialists, physical therapists, among others. The question

then is how these truth-tellers form organizational structures—how they link—with WCB.

WCB, like other arm's length agencies, is not the mere "imposition of law but the employment of tactics to specific finalities" (Foucault, 1979_a: 95). To reach the finality of a reproduced, labouring body, the WCB has formed a close relationship with the practitioners of medical science. The most interesting of these relationships is to either build formalized contracts with these practitioners that include expected outcomes from services, or to run their own rehabilitation centre inclusive of most all these practitioner types. The latter is the case in Edmonton and is called Millard Health. Millard Health handles the medical recovery of the majority of claims in Edmonton, Edmonton's surrounding area, and portions of northern Alberta. That said, a case manager can refer a worker to Millard regardless of where she lives at their discretion.

Since WCB has a contract that pays for the services rendered, or the practitioners are labourers for the WCB, case managers expect that the bodies treated will be reproduced as labouring bodies. This was evident from case managers I interviewed. One case manager was particularly vocal on this matter:

> *I expect timely reporting, I expect uh, I expect decent predictions for example if it's your job to predict for me what this outcome of this claim will be. I mean I certainly don't expect you to be uh psychic, butta if this is your job and this is the Dr's (laugh)this is what they're doing I I do expect uh fairly accurate predictions. Also uhm, reasonable explanations. If things are not going well, I want information. Uh clear, basically for example that when someone is discharged from program they're discharged they will have work restrictions or some sort of descriptions or you know if they don't have work restrictions they'll say it. if someone has work restrictions I expect a list of those work restrictions. If they are not able, I mean objective medical findings as well. I don't want them to say well this person's limited to sedentary employment because they have pain. Well I wanna know why. What is the objective findings they've got.* (C1; 243-253)

This quote not only exemplifies the expectations case managers have of medical practitioners. It also shows that case managers expect or take for granted that workers will be discharged from medical care actually able to return to labour in one form or another. I asked all the case managers I interviewed about the purpose behind sending workers to rehabilitation centres and without exception, they said it was to return them to work as soon as possible, in a safe manner.

Secondly, it demonstrates how alternative discourses about injury including the subjective experience of the worker, is filtered out of the injury process. Medical discourse filters out the social and political relations of capitalism through its very cognitive authority over the body and its maladies in its proposed neutrality. By this, I am referring once again to the positivist stance it takes on the body that excludes the body as the inscription of the power-knowledge of capitalism and more bluntly the exploitation of workers. However, it cannot as easily filter out the discourse of the human experience as workers continually complain of pain, aches, and discomforts even when medical practitioners say they are recovered (Freund and McGuire, 1995). Medical discourse includes a separation for such human experience between 'subjective response' and 'objective response'. As I choose not to dance around their definitions, I will be blunt. In essence, the former refers to 'the worker thinks s/he is injured but is not, or is simply lying', while the latter refers to 'the worker is injured according to the clinical observations made by the practitioner in accordance with medical science'. For example, pain cannot be observed, and is therefore not 'real' in terms of the medical definition of 'injury'. The letters I reviewed on claim files almost all referred to the subjectivity of pain (of human experience) and how pain does not result in payment of benefits. The

interviews I conducted constantly centred on the issue of pain, even when I was trying to move on to different topics. Case managers felt strongly that pain was a central theme in their decision-making process. Here is an example of what a case manager had to say about 'objective findings' as opposed to 'subjective' ones namely that of pain:

> Alan: *...so I heard you say the word objective findings. Can you just define what that means?*
>
> Mark: *uuhh, something real and measurable (laugh). Not necessarily pain. "I have difficulty doing my job because when I use my shoulder too much it hurts.." uh, that really doesn't really help me a lot when we're talking about objective findings especially when I said with mechanics for example, objective findings was "yes, this guy can't work above the shoulder level, he can't do repetitive lifting and if he does repetitive gripping it should be limited to this, this period or this amount (pause) of the day. So you need objective findings, you know, range of motion, strength, and other characteristics that, that are definable and, and measurable, and in what he or she can or cannot do or see I guess.* **(C3; 76-85)**

The irony is that when asked how pain is any more visible than say a back strain, case managers were stumped. Nevertheless, they were consistent in their notion that work restrictions are only 'objective' if described by a medical professional. I cannot say that their unwavering response that objective findings are those that are 'measured and observed' held-up during the interviews. The objective findings they often referred to were no more observable or measurable than the subjective experiences (i.e. pain) described by injured workers.

This ambiguous separation between 'subjective' and 'objective' explains why workers who did not demonstrate their date of accident capabilities were still discharged from rehabilitation programs with no work restrictions. This was not the case with workers I interviewed because they were not discharged capable of working their date of

accident jobs. However, three of the workers' files I reviewed were cases in which they were discharged from medical treatment capable of working their pre-accident work. The workers I did interview were discharged fit to work at levels they felt they cannot perform at due to pain. Workers who were frustrated with being told they are able to return to work at the end of a rehabilitation program, when they know they were unable to physically function at a work level described by WCB, still had their benefits terminated or reduced. The case managers' letters, like the interviews I conducted, informed the worker that the reason they did not function at a sufficient level is due to their subjective 'pain' which is not seen as part of their injury. When confronted by workers on how the case manager would know such a thing to be true (since case managers rarely meet with workers), the case manager refers to the rehabilitation centres' report. Workers I interviewed were surprised at the way in which the medical providers they sought treatment for, were so explicit in their commentary on their ability to return to work. It unveiled for them, that the rehabilitation centres were themselves working for the state's interest. It demonstrated how "state power has become faceless, rational, and technocratic" (Harvey, 1989; 213) and WCB is no exception. Workers did not anticipate the direct correlations between what they were doing in rehabilitation versus what they can supposedly do at work. I am confident that nowhere is the correlation stronger than at WCB. How much they lift, bend, pull, carry, torque, etcetera, is compared to the same requirements at work, down to the most minute details (Rabinbach, 1985). It is a combination between medical science's discourse of the injured or diseased body with a discourse on how bodies can then perform at work. While Taylorism "divided each worker's task into the smallest components and then measured each to ascertain the best

time attainable" (Rifkin, 1995: 50), medical science made it possible to do the same for workers with various disabilities and injuries. Having a Taylorist description of the time and motions of work makes it easy for medical practitioners to determine what body-motions at work can still be done when someone is medically disabled.

Case managers I interviewed, as well as my own experience as a case manager, reveals that case managers routinely expect that at the end of a treatment program, the contracted rehabilitation provider will indeed find injured workers fit for work by comparing the components of work with their perceived capabilities obtained from those practicing medicine. My last quote from a case manager showed the expectations placed upon the medical provider. It is not enough to have a verbal commentary. Case managers reported 'building a case' which also had to be performed as objective, which in this case meant the medical information has to be recorded in reports. These reports had expected information in them too, or the case managers would have the medical practitioner provide further reporting with the information they request. One of those expectations was that during the "medical record process, the patient be dehumanized and transformed into a reified, thing-like case" (Freund and McGuire, 1995: 236-237) that excludes the subjective discourse of the worker's experience. The worker's experience is not considered a valid discourse for significant control over the injury process. In those cases when physicians validated subjective experiences, they were still demoted to something other than the injury through WCB's tactic of re-gathering information from medical practitioners. The injury process is therefore an inscription of the body through this tricky intersection between medical science and WCB tactics.

Contested Bodies and the Process of Injury

But of course, the body is not purely a docile slate for inscription—as though a naturalized body exists separately from the worker (Butler, 1993). The body thinks, reacts, and has reflectivity on what it learns (ibid.). WCB has to use specific tactics to meet its end which is a reproduced labouring body. Tactics transform the material set of practices for bodies to reiterate practices time and time again and are space and time regulated. These practices are necessary to meet the high demand WCB faces in reproducing tens of thousands of laboring bodies every year. However, the mere fact such "reiteration is necessary is a sign that materialization is never quite complete, that bodies never quite comply with the norms by which their materialization is impelled" (Butler, 1993: 2). It is not as though bodies are reproduced on auto-pilot, as though the body is pre-programmed for capitalism. Butler reminds us that we would not need those rules, those ways that the time and space of the body is regulated within the injury process, if bodies perfectly repeated their anticipated actions and behaviours every time; and exactly the same way. Tactics themselves are evidence that resistance to the governance of individuality exists.

Bodies do resist the government of individualization (Foucault, 2003). In the case of the workplace injury process, resistance is the ways in which bodies do not practice the power-knowledge through which their space and time is regulated by WCB and employers. It does not mean that workers need be conscious of the ways in which labour was abstracted within the injury process. As I already mentioned, I could not find any indication of this. Instead, resistance is more of a contestation to the specific practices in which WCB and employers exert authority over the direction of workers' bodies towards

a reproduced labouring body. One of the most apparent examples of resistance is the worker's refusal to work, in spite of the recommendations of WCB's medical practitioners. Of course, refusal to take physicians' orders is not an undocumented form of resistance. "When consulting a doctor, individuals may, on at least some occasions, and if they so choose, attempt to struggle against, challenge or subvert those disciplinary techniques they experience as restricting of their autonomy" (Osborne, 1997: 105). What makes resistance in the process of workplace injury that much trickier, is that it intersects with medeaucracy. It is not only that the worker has resisted against the discursive power of medical science, but also against the tactics of WCB. For instance, Luke, after a recent appointment with an IME psychiatrist[21], was told he should return to work by the psychiatrist. He disagreed and said there are no jobs he could work within the restrictions that the psychiatrist outlined. In the general community of medical science this could be the final form of resistance. However, in the case of medeaucracy, WCB then researched the labour market for positions he is physically capable of, in very vague terms. In Luke's case, WCB informed him he could work as a car rental clerk, and then dropped his benefits to reflect the difference between his date of accident earnings and those of a car rental clerk. So, now he must also face resistance against the tactics of WCB, and in this case resist against the tactic of decreasing his benefits (not to mention all the very real, material consequences he faces as a result). Luke said his body simply cannot withhold the requirements of labour and to this day, resists the reproduction of his body into labour. He had this to say: "That psychiatrist made me bloody angry. I can't even walk! How the hell am I supposed to work at a car rental place? I am thinking about applying to

[21] An IME psychiatrist is a routinely contracted physician by WCB that is hired to answer questions WCB asks. They are not permitted to treat the worker. IME stands for "independent medical exam".

AISH" (W2; 157-163). Instead of returning to labour, he chose to remain a non-labouring body, and to seek benefit entitlement from another state agency (AISH). In this case a labouring body was not reproduced. The reproduction of a non-labouring body remains a "possibility for rematerialization . . . . in which the force of the regulatory law can be turned against itself" (Butler, 1993: 2). The fact that not all bodies are reproduced into labour is in itself a form of resistance that WCB, and capitalism, must contend with outside of WCB[22].

However, what I found in my research was that refusing to labour was on the extreme end of resistance. Employers, case managers, and workers all confirmed that the majority of workers do return to work, but with varying degrees of resistance within that process. In this way, resistance can be more subtle. Resistance is also the "micro-powers that are exercised at the level of every day life" (Lupton, 1997: 102-103) as opposed to something as life-altering as not returning to labour of any kind. Before opting out of labour all together, Luke had an extensive history doubting WCB once his benefits were reduced. Resistance from him has included routine things such as not attending a physician's appointment. He also reported that his case manager nags him to proceed with injections that were recommended by a WCB physician. He doubts these will work. It was evident that Luke knew much of his pain was not centred in the language of medicine and had much to do with his personalized experience with pain. He refused to receive injections as he saw the injections as one more WCB tactic to reduce his benefits and encourage him back to labour. He stated that after being "poked and prodded and

[22] I remind the reader here, that injury is part of labour itself. When a labouring body cannot be 'reproduced' as such, it calls into question how the capitalist system failed in returning that body to labour. This differs from other disabled persons who were injured in ways not to do with labouring as their injury is not part of labour itself. Ultimately, if WCB fails as a system in returning workers back to labour, the contradiction I spoke of earlier will be again obvious, calling into question the perils of capitalism.

having to beg every month for his life" (W2; 245-46), he knew these injections would not help him. Instead, it would be one more way for WCB to demonstrate that the pain he feels to not be 'objective' and therefore not entitling him to benefits. He conveyed an "Understanding that the subjectivity of pain is not simply a matter of the equations 'object = out there and real, and 'subjective' = not real, because experientially the pain remains very real for [him]. Rather the subject-object dichotomy is essentially about the presumed cause of pain" (Jackson, 1994; 204). Should the injections not work, as Luke expects, then they are one way WCB could show that his pain was *just* subjective, and that the cause is not physical. If it is not physical it is therefore not work-related.

Even these more mundane forms of resistance require WCB tactics to subvert the claimant towards a reproduced labouring body. The case managers I interviewed all referred to the importance of *case planning* which is in many ways the reassurance that the time and space of the injury falls within the guidelines perpetrated by the medical providers they refer workers to. Each case manager referred to the 'guarding' or the 'protection' of the case plan in this way. When asked about threats to the case plan they most often referred to the usual practices of life for the worker, aside from the practices of labour. These practices included child care, senior care, spousal disputes, or something simple like a broken down vehicle. In essence, these are practices that use up time in ways other than the practices of recovery (which is of course really the medicalized reproduction of labour as I have explained). For example as Bob, a case manager said,

> *We do have some people that don't agree with the plan or don't wanna participate in those cases benefits are suspended until they actually go back and uh participate with the return to work plan* (C2; 305-307).

Similar comments were made by each case manager interviewed.

Also, the workers I interviewed were aware of the suspension of benefits should they not attend an appointment that is part of their case plan (directed by their case manager). I noted from the claim file that Luke had his benefits suspended for not attending an IME in the past. Yet, even while workers know there is the option to resist, WCB is the only place of contestation (Osborne, 1997), which limits the choices available. Resistance has consequences so it is more of a structured choice rather than free agency (should such a thing exist). "A subject is able to reflect upon the discursive relations which constitute her and the society in which she lives [but is only] able to choose from the options available" (Fox, 1999: 118). Since WCB holds what is in many ways most valuable to labour (their wages), the option is clear in almost every circumstance: adhere to WCB's regulation of time and space of the body, or wages will be withheld. This is markedly similar to the labour relations of capital by which an employer withholds wages if a worker does not labour in economically productive ways. I was therefore dumbfounded that the workers I interviewed did not recognize that their injury was really an extension of the labour process itself and that their 'benefits' were really wages they are entitled too, as benefits were derived from the extraction of surplus value. I think this only spoke to the strength of medeaucracy's ability to abstract that very set of capitalist relations inclusive of wage labour.

Part of that abstraction includes the tactic of abnormalizing the injured body. As the body is increasingly labelled by WCB as 'abject', the more desire the injured worker has to return his body to labour. This starts with the very blatant tactic of WCB paying wages as benefits at a rate that is less than that of the economically productive[23] labour

[23] Where I state, "economically productive labour" I am referring to labour in the usual sense first explained by Marx. Economically productive labour is labour from which employers can extract surplus

performed at the site of employment. Through the use of statistics, the WCB, like other arms of the state, concerns itself with the regularity of its population (Foucault, 1979_a). 'Regularity' sets a discursively created norm that benefits the state's concern over the regulation of bodies into varying degrees of normalcy (ibid). For instance, Luke complained how WCB would not listen to him, by which he implied WCB no longer believed that his pain had anything to do with his injury based on the 'regular recovery time' of his injury. Ryan complained of the same thing as WCB did not believe he was injured once the 'standard eight weeks' of recovery time had passed. The case manager calculates the 'regular' recovery time as determined through tabulated guidelines called the 'Alberta Disability Duration Guidelines' and the medical information found on claim files. The degree of abnormality is calculated according to the difference between the calculated recovery time and the current medical condition of the worker. Case managers informed me that this is used to determine when a worker needs to be referred to a WCB sponsored return to work centre (to quickly have their bodies reproduced back to labour). This clear intersection between WCB tactics (the calculating of degrees of normalcy), and medical discourse (the basis for establishing recovery) effectively abstracts labour from the question of capital into that of social degradation or normalcy.

However, the abstraction does not run too far from the relations of capital, in that the degree of normalcy is also relative to the level of benefits paid, similar to the method by which wages are increased or decreased relative to the proposed exchange value of labour. This brings me again to the symbolic violence behind benefits as the exchange for

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value. This is in contrast to the "labour of injury". The "labour of injury" refers to the set of bodily practices that arise from the set of relations between workers and employers from which surplus value cannot be extracted. This arises from the contradiction of injury since it arises from the usual practices of labour but produces new practices that prevent bodies from being exploited. Surplus value cannot be extracted.

benefits includes viewing one's own position as abnormal. Degrees of normalcy categorically change bodies into many different levels of worth, similar to Marx's notion of the 'exchange value' of labour, which abstracts it from its use-value (Marx, 1967_b). By this I mean to say that the body that is not labouring, but could be labouring, has a complex system of varying exchange values. This system of re-valuation is relative to the perceived distance the worker is from 'normal'. After a period of time in which the arts of medicine were inscribed upon Ryan, he did not recover as anticipated. By denouncing his 'subjective pain' to something other than the injury process, he was declared able to work, but not at his 'date of accident' capabilities. This means his body is even more abnormal in that he is injured but *chooses* not to labour. Consequently his degree of abnormality translates into a carefully calculated benefit reduction, performed through the case manager's practiced tactic of *estimation*. 'Estimation' is calculating the difference between what a worker *can* earn as wages if he were working, subtracted from the wages he was making at the time of his accident[24]. This is termed a wage loss. Every case manager described this benefit (or what I see as 'tactic') following the completion of the medical practices WCB coordinated, only when the worker did not 'objectively' meet their date of accident capabilities (based on the discursive information provided by WCB medical providers, and exclusive of all other competing discourses).

The way in which the worker focuses on the degree of abnormality with which their body has been labelled, may be preventing workers from questioning how the norm that constitutes 'normal' was determined. It may, in part, be preventing the recognition of the abstraction of labour. This is similar to Hennessy's *heteronormativity*—the way in

[24] Estimation: In actuality there is a numerical formula more complex than the one described. I have only provided the skeleton theory behind estimation.

which being 'other than heterosexual' is socially acceptable only according to the degree those practices function to abstract labour and perpetuate capitalist exploitation (Hennessy, 2000). Hennessy says that, "To the extent that heteronormativity is premised on a gender hierarchy, it has served to legitimate and naturalize the gendered division of labour" (Hennessy, 2000: 105). I contend that in similar ways the hierarchy of being close to a labouring body (only somewhat abnormal) to being very distant from a labouring body (very abnormal) clouds workers from recognising their collective position from the view of the dominant aesthetic (Bourdieu, 1992). It refocuses them on being less 'abnormal' compared to other workers. This furthers symbolic violence as workers themselves see one another from the dominant aesthetic by viewing other workers as more abnormal than their position (to avoid social stigma) and not acting on their common and less powerful position in relation to employers and WCB. I contend it is through this inaction, they become acquiescent.

There was some indication of this with Ryan. Ryan, on the one hand felt that ex-coworkers still working for his employer were judging him as someone abnormal or debased. He said:

> *I was embarrassed...there's my old coworkers talking and laughing for everybody to hear that it's, that my whole claim is just a load of crap*" (W1; 867-870)

> *Coworkers and friends alike, I'm embarrassed to be around them. . . . I'm embarrassed to be on. Like I said, I'm embarrassed to be on WCB*
> (W1; 867-869)

On the other hand, he did not identify himself with other workers who were injured, and instead saw them as the abnormalized body, similar to how his co-workers viewed him:

> Ryan: *you get people who just, they're hurt and they can't work (sarcastically) at you know just like, suddenly they're kinda like, oh you know, I can't*

> *work you know, miss'n three days for my back and then they brag about that.* (W1; 908-911)

Ryan did not question why injured workers are seen as abnormal, but rather to save face he positions himself as being less abnormal relative to other workers. I cannot say I found the same with Luke, who although he felt the same stigma from others in the community, a generalized stigma for being on WCB (similar I suspect to other social services) he did not say he felt this from workers. I wish I had asked him a more specific question around this topic. There is a need for further research on this topic since the collective forms of resistance that Hennessy laments could foster change against neo-liberal attacks on the welfare state including WCB. I found no evidence of collective resistance while researchers like Anne Moritz have studied groups that have moved beyond the abnormalcy barrier and do act collectively (Moritz, 1996). From my personal experience as a case manager, and through my research here, I consider the collective action weak at best.

While I use Hennessy's discussion on how workers lose focus on their commonality located in their mutual exploitation through labour (and therefore through injury), I did find evidence of individual resistance. Individualized resistance also operates against the ways WCB governs abnormality. In other words, while workers did not resist the process through which norms are determined, they did resist WCB's tactics of governing their individual degree of abnormalcy. Theorists such as Foucault sought resistance in the individual practices of bodies, "as the space of the body as the irreducible element of social space" (Harvey, 1989: 213). In this light, resistance is "not exactly for or against the 'individual', but rather they are struggles against the

'government of individualization" (Foucault, 1982: 211-212). Resistance against the tactics of *estimation* and *calculation of normalcy* were evident in the claim files and the interview process. Both Luke and Ryan complained bitterly about the way they were estimated as capable of working, when they experience their bodies otherwise. Luke was estimated as a janitor supervisor and later a car rental clerk. He had several conversations with his case manager in protest of this. During my interview with him, he reported his fervour for justice had dwindled after he no longer foresaw any change to come of his continued complaint. This does not mean he has tempered his feelings towards his body being categorized into such abnormalcy. In discussion about his being estimated as a janitor supervisor, he said this:

> *No one listens to me, not my own doctor and not WCB! No, every time I talk to a Case Manager what I hear is I can be a Janitor Supervisor. I've never been a fuck'n Janiter! What the fuck is that?* (W2; 141-143)

> *They just categorize you, you know! Let's have an artistic one, and a science one, and pick something I, the mighty WCB, feels he can do!* (W2; 326-327)

Ryan had similar comments on his estimation as a tombstone salesperson (of note Ryan is twenty years old with no sales experience). Also, in a file I reviewed, a woman was estimated as a customer service agent while she does not speak fluent English nor does she have the affinity for that type of work. The letter she wrote to her case manager is filled with angst. These practices of verbal complaint, letter writing, and the comments they made in my interview themselves, are all practices of resistance to the way their bodies and their individuality is governed. It is resistance to the ways WCB uses the tactic of *estimation* and *calculation* into categories of abnormality from the capitalist

norm of the labouring body (the body that sells their labour for wages, which produces surplus profit for capital).

At a concrete level , I am not confident this will result in substantive change, although scholars such as Butler, and later Foucault, would say it is precisely those minute practices of reflective resistance that allow change to occur (Butler, 2004), and would not require the collective resistance that Hennessy speaks of. I would maintain that the power of the state—of WCB—along with its strategy and tactics, will remain one step ahead of the resistance practiced by workers. This is because the power of WCB is in its ability to formulate the options available—to receive benefits or not, to be work-related or not, etcetera, which is itself dominating over the resistance within those options. Noteworthy change, in my opinion would require collective resistance from the collective of workers, and of those of similar cultural stances (Hennessy, 2000). For instance, I think there are spaces for WCB, workers, and some employers to work in collaborative ways that would give more ownership of the injury process to workers.

Still, focusing on the relations between WCB and the body should not mean forgetting or minimizing the exchanges between WCB and employers. What many cultural studies theorists do not adequately address are the relations between state and capital. The early Marx reminds us that the state is "an instrument of coercion in the service of the ruling, exploiting class" (Althusser, 1969: 110). While micro-structural theorists like Bourdieu and Foucault explain the tactics of state and the normative preconditions to the current role of the state, it is Marxist theorists that offer explanation for the larger structural aspects of the state within capitalism. Marxist theorists such as Williams have pointed to the state as the apparatus of power that governs people in ways

that reinforces the advantaged position of capital over labour (Williams, 1973). One of the most provocative exercises of that power is the extraction of surplus profit, which of course requires the labouring of bodies in economically productive ways. Employers are all too aware of this and have expectations from WCB to reproduce labouring bodies in the most efficient way—a way that ensures workers adhere to the medeaucracy at play. Employers interviewed stated that the purpose of WCB is to provide medical 'services' and return workers to work as quickly as possible. When WCB does not follow through on this expectation, employers express dissatisfaction and could withhold WCB funding (employer paid premiums). Dissatisfaction with WCB tactics in response to workers' resistance was expressed by one employer best when he complained about workers not attending WCB directed medical appointments:

> *Um, well it's all been rescheduled so it's not a situation where you know you attend this meeting or we close the case kinda thing. You know, reschedule it and wel'll go from there. So no, it's been dragged out further because it's. The excuses are being accepted* (E1; 287-290).

I expect this relationship between WCB and employers explains why I did not find any evidence of case-manager resistance. For example, I expected to cite examples of case managers who extended benefits beyond the time at which medical information stated workers could return to work, or that case managers would delay referrals to the medical providers. Further research on the relations between WCB at the managerial level might better capture why this does or does not occur. I speculate it does not occur because case managers are themselves labourers that must adhere to the expectations of their employer which is the quick reproduction of labouring bodies. Just as there is a system of domination and exploitation through exchanges between the three sites I studied, there is

likely a similar system within each site. WCB, within itself, is also a "complex set of actions engendered within a network of intersecting constraints in which each of the dominants is thus dominated by the structure" (Bourdieu, 1998: 34). Case managers sell their labour and are themselves workers, who have supervisors, who have managers, and so on.

Contested Medicine and the Process of Injury

Within the medical community there is also a set of intersecting constraints. The medical community has a hierarchy of truth-tellers that set the stage for what becomes supposed 'objective' fact from poor science. When case managers were asked about the medical information they used to make decisions they provided a pecking order, or hierarchy of information sources. For instance, the physical therapists opinion is valued less than the worker's general practitioner, which is valued less than a rehabilitation program, which is valued less than that of a specialist, which is valued less than an independent medical exam. This is institutionalized within WCB and is recorded in policy as "the weight of medical evidence". Specifically, policy 04-02 states, in part:

> ***2. How long are temporary total disability benefits paid?***
> *Temporary total disability benefits are payable for as long as the compensable temporary total disability lasts, generally until:*
>
> - *the weight of medical evidence indicates the worker is considered fit to return to suitable employment* (WCB-Alberta$_c$, 2006)

I have always found it fascinating that the policy speaks to the "weight" of medical evidence as opposed to the "objectivity" of medical evidence. The word "weight" has

always seemed to make it apparent for me that it is *who* the truth-teller is that is saying the worker is able to labour, versus *what* the truth-tellers are saying that describes medicine's discursive objectivity. Similarly the policy refers to 'medical' evidence which I see as a technique enacted upon the body, as opposed to 'bodily' evidence because bodily evidence would include a variety of discourses. Bodies are rarely ever discussed in policies of organizations (Lewis et. al., 2000). The omission of a discussion on bodies within WCB policy supports, once again, that the truth-tellers of injury will be those of medicine.

Medical providers including physicians are truth-tellers, but like most truth-tellers they do not operate from one homogeneous point of view (Foucault, 1984). They also practice and compete over what is truth or what is truth-producing. In the case of medical science, truth has a meaning that includes objectivity, testability, and many of the other positivist constructs that modernism produced (Wendell, 1996). Even within medicine, those constructs are not the product of the most 'objective' findings, but of the social hierarchy and institutionalized practices of truth-tellers themselves (ibid.); and so again therein lies a struggle between the tactics of WCB and the resistance of injured workers. When workers are examined by their own family physician and that physician reports they are unable to work, WCB faces a barrier in returning them to work. This is why WCB uses the *weight* of medical evidence to determine the worker's ability to return to work. By referring workers to their own (or contracted) specialists, rehabilitation centres, and other truth-tellers hierarchically further up the chain, the family physician's voice is demoted or ignored. I found this with every case manager I interviewed. Here is some of what was said:

> *ah, I we do a lot of independent medical examinations with specialists that are arranged and uh on occasion you have medical evidence on the file, medical from a doctor, medical from a rehabilitation centre and they will conflict and so we generally would like to have an independent medical exam uh to try and see if we can get clarification* (C1; 345-348).
>
> *Well, not all the time, sometimes we have ah difference of opinions, buttum you know if we're looking at an opinion from a GP general practitioner or a specialist of course we're gonna use the specialist opinion, based on ah having the most expertise.* (C2; 206-208)

Workers I interviewed recognized these tactics, and as such sought treatment with their own specialists, which their own doctors referred them to. However, WCB can afford expensive contracts with a multitude of resources such as six-week rehabilitation programs, comprehensive functional capacity evaluations, and even Medical Assessment Programs. Only one case manager said she had used the Medical Assessment Program (MAP) which costs tens of thousands of dollars and involves supervision and medical evaluation in a hospitalized setting, by WCB-contracted specialists of varying types and expertise. In all cases the worker must attend these WCB 'services' or benefits are terminated. In the end, medeaucracy is structured, and strategized, in ways that is unlikely for resistance to be successful for the individual worker. Programs like MAP use a great many truth-tellers that creates a discourse not easily competed with.

I found it fascinating that case managers, despite their coordination of such complex and vast number of services (all to meet the tactical end of a labouring body), still maintained that the information found through these 'services' was fair because it was more 'objective'. They commented on the rehabilitation centre's intricate measurement system and the independent medical examiner's more astute exam, as better sources of validity on the state of the body than physicians whom workers see on their

own accord. I postulate this is because case managers themselves perceive these information sources as 'neutral' and 'truthful' descriptions of the medical field, and that the knowledge produced from these sorts of medical providers therefore rests in the 'non-discursive' category, albeit fictitious. The modernist discourse of medicine and science came readily to them. To describe injury, they too routinely used words like "objective, subjective, valid, measurable, and observable". They interpreted medical information from specialists as "more objective because they are specialists" (C3; 300).

Workers, on the other hand, did not have such a dialogue. They used words like "hurt, pain, ache, depressed, and difficult" to describe their injury long after physicians said they were 'recovered'. It is precisely because of these experiences that workers seek medical help. People want explanations, or truths that can help us make sense of our own body's experiences. Furthermore, we want control over these experiences in hopes to reduce or rid ourselves from them (Wendell, 1996). "Control is probably most desired when experience of the body seems most out of control, as in pregnancy and birth, illness, injury, or dying. Medicine is there to explain what is happening at these times with its objective, distancing perspective" (Wendell, 1996: 122). How we achieve control is what Susan Wendell calls an *illusion* of control. It is largely the *truth-tellers* of medicine and the power-knowledge of medicine that produce the interpretation of control over our bodies (Wendell, 1996). I think Wendell goes one step too far calling it an illusion since the practices of medicine often do exercise control over the body in corporeal ways. However, she does shed light on our perception of control over the body as *in part* a falsehood in the ways we try to explain away our subjective, spiritual, and social experiences that shape those 'symptoms'. Of course, this is why injury is a process

rather than a physiological event. The injury process cannot be controlled through medicine in all its bodily forms. Medicine is incapable of 'fixing' the subjectivity of the worker with respect to his emotions, or his intersubjectivity rooted in his relations with WCB and capital. While these remain spaces of reflection for the worker to resist the narrowed understanding of injury that is structured around him, the dominant discourse of medical science overshadows them. The sensations of "pain is made worse by…[the ways workers] feel about WCB and employers" (W1; 500-5002).

One of the most profound practices which quash resistance is the diagnosing of 'chronic pain syndrome'. By this practice of diagnosis, the discourses of psychology and psychiatry transform the subjective experience into a set of "bodily idioms, that is too easily medicalized, and thereby, distorted or trivialized" (Freund and McGuire, 1995: 158). Chronic pain is exactly that pain which is not objectively explainable in terms of medicine's usual definition of 'objective', but results in such continued and consistent complaint from injured workers, that the pain is labelled as a diagnosis of exclusion. This is termed *chronic pain syndrome*. It is diagnosed by a psychiatrist or psychologist that forms a sort of objectiveness of subjectivity. It reduces the subjectivity of pain in all its facets—the political, social, cultural, physiological—and trivializes it into a medical construct that separates the body from the experience. The worker's 'body' *has* pain, rather than the worker *experiences* pain even though it is composed of those varying facets (Kleinman, 1992). Luke, being diagnosed with chronic pain syndrome, felt he "can no longer touch his body because it feels foreign to him…from being poked and prodded" by the various medical professionals. Arthur Kleinman has noted the same process taking place in physicians' practice of diagnosing chronic pain or other related

disorders. For instance, in his studies of survivors of China's Cultural Revolution, the after affects they experienced from political strife and resulting bodily experiences such as "fatigue, weakness, pain and dizziness were usually diagnosed as neurasthenia because no satisfactory biological pathology could be discovered" (Kleinman, 1992: 175). The objectification of pain through the practice of psychiatric diagnosis, once again gave medical science the auspice to control the time and space of the body—when the pain starts, the supposed recovery of that pain, and its termination (ibid). "It is here where we see a focus on the medicalization of subjectivity itself" (Trice, 1993: 97).

However, I contend that in the process of injury, chronic pain has opened up a significant space for resistance. Since the subjective conveyances of pain by the worker are the very clinical findings used for the diagnosis, the worker finds an avenue for including his subjectivity into the injury process that WCB must recognize as legitimate. By legitimating subjective pain through the practices of diagnosis, no matter how trivialized or altered the experience of pain becomes, WCB must plausibly pay benefits for a diagnosis that is based on the subjective experience of workers if identified within a discourse of objectivity, or more accurately psychiatry. It was Luke's hope that "WCB would decide not to reduce his benefits after being diagnosed with this chronic pain". However, case managers reported exploring benefit entitlement for chronic pain syndrome but never actually accepting the condition because it "gets very difficult to determine objectively whether there is any uh findings" (C2; 51-52).

WCB-Alberta has strategized around this space of resistance. Its strategizing has included two tactics. The first one is, again, the alignment of its own contracted physicians (in this case psychiatrists and psychologists) with the end of reproducing the

labouring body. Psychiatric IME's and psychological assessments with their contracted providers answer very specific questions that WCB poses. The psychiatrist, who outranks say a worker's treating psychologist, may diagnose the worker with *secondary gain* or *malingering* as opposed to chronic pain. This practice of re-diagnosis brings us back to the weight of medical evidence that WCB uses in determining benefit entitlement. In the case of secondary gain or malingering, the worker is determined not to have legitimate chronic pain syndrome and therefore his reasons for not returning to labour lie outside the injury process and WCB. Benefits are terminated.

But, surely not every case is one of malingering. This would call into question the ability and expertise of the contracted psychiatrist, should s/he diagnose them consistently in this manner (not all workers can be malingerers). Then WCB is in a position to not only disregard the worker's subjective experience of injury as part of the injury process, but must also disregard the medical diagnosis of that subjective experience by their own contracted provider. This brings me to WCB's second tactic, which is the creation of policy that is specific to chronic pain/chronic pain syndrome. Here is what, in part, the chronic pain policy says (Policy 03-01):

> ***3. When does the WCB consider chronic pain syndrome a compensable condition?***
>
> *Chronic pain syndrome may be compensable when the following conditions are met:*
>
> - *all physical medical investigation and rehabilitation treatment have been concluded*
> - *pain results in marked life disruption*
> - *pain and related symptoms develop as a consequence of a compensable injury or condition*
> - *the pain persists for six months or more beyond the usual healing time for the injury*

- *complaints of pain and pain behaviour are inconsistent with organic findings, and*
- *pain impairs earning capacity.*

4. How does the WCB determine marked life disruption?
Marked life disruption is determined by psychological assessment, interviews, and standardized testing; and refers to difficulty or dysfunction in the following areas:

- *physical/vegetative functioning*
- *affective state*
- *cognitive aspects*
- *vocational aspects*
- *family relationships*
- *social/recreational activities*
- *behaviour/daily activities.* (WCB-Alberta$_d$, 2006)

This creates two definitions for chronic pain: one that arises from the truth-tellers of medicine, and one that arises from the bureaucratic tactics of WCB. This is not to say that the chronic pain policy is not medeaucratic. The information used to determine if the WCB will accept chronic pain as part of the injury process, is dependent on the medical information gathered from their contracted medical providers.

However, the difference is that the determination of the diagnosis itself falls under the guise of the persons practicing the arts of government at WCB instead of the medical discourse it is accustomed to using. Bureaucrats are the truth tellers in this case. WCB, has in effect, changed the rule that it is the weight of medical evidence that is used, since chronic pain is construed primarily through administration and policy. It is therefore not uncommon for the psychiatrist to diagnose the injured worker with chronic pain while WCB does not accept that diagnosis unless it meets their own administrative definition. The policy itself has become a tactic. Such use of policy and law as tactics is documented by Foucault in his discussion of government and law. He said:

> *. . . with government, it is a question not of employing tactics rather than law on men, but of disposing things: that is to say, of employing tactics rather than laws, and even of using laws themselves as tactics—to arrange things in such a way that , through a certain number of means, such and such ends may be achieved* (Foucault, 1979_a: 95)

Of course, the 'ends' achieved is once again that of the reproduced labouring body. To my knowledge there is no other condition that has such a policy. I contend it is because of the subjectivity of the diagnosis that this was created to start with. The rule itself becomes a tactic as it moves from defining injures within medical science based on medical evidence, to defining injuries within administrative science based on medical evidence. This tactic maintains WCB's ability to reproduce the labouring body to the exclusion of the workers' pain as a function of his own subjectivity, cultural meanings of injury and relations with capital. Luke, for instance, did not receive benefits because he did not meet the bureaucratic/policy definition of chronic pain syndrome, so he "is applying to AISH to see if they have a different definition".

Case Managers I interviewed also struggled with the understandings of chronic pain as an administrative definition and why it differed from the medical one. Three of the case managers all agreed that because the diagnosis of chronic pain is provided by a psychiatrist, it gives chronic pain an objectiveness that would otherwise be reduced to a subjective "barrier' in getting an injured worker back to work" (C3; 117). However they still struggled with it and had difficulties interpreting how pain could ever be 'objective'. Through this process of reflection, the case managers interviewed did not question the objectiveness of medical science or questioned how it comes to the 'truths' it does. Rather, they questioned the legitimacy of psychiatry in general as a medical science and saw it as a token discipline on the periphery of medical science that muddles up the

system of reproducing labouring bodies. I suppose this is a function of psychiatry in general and how it is viewed as a 'weak' or a less objective science, as opposed to reflecting on the larger questions on the positivism of medical science as a whole. Luke's case serves as a prime example of the medeaucracy and its effectiveness at thwarting resistance to the medical and narrow definition of injury. Luke, after several years of complaining of pain and depression, was diagnosed by a WCB directed IME with chronic pain syndrome. However, the psychiatrist still maintained he could work at a sedentary level despite chronic pain. Through the tactic of *estimation.* WCB determined Luke could still work as a janitorial supervisor. The labour market research that WCB gathered showed this position meets the scientized definition of 'sedentary labour'. One of the administrative criteria that WCB places on its policy-definition of chronic pain syndrome is that of MLD (marked life disruption). MLD is further defined by WCB as a total and complete inability to work in any capacity. Therefore, since he did not meet their administrative definition of chronic pain syndrome, WCB denies that he has the condition and will not pay benefits to him under the policy. With such a confusing process there is no wonder Luke is trying to see if another organization might have a definition of chronic pain he meets.

CONCLUDING REMARKS

However, stories such as Luke's were not what disturbed me the most. Rather, it was the case managers I interviewed and their thoughts of WCB and their roles within the organization that bothered me more. Perhaps it is because I identified most readily with case managers since I was one only a couple of years ago. I anticipated case managers to be particularly reflective of their roles when given the opportunity to speak more freely than they otherwise would be able to within the context and space of WCB. I suppose it was my own ignorance that suspected to hear a view of WCB more similar to my own. What this means to me is that the research I have started is all the more important. The goal I set forth in this project was for WCB to be more reflective of its practices and on its operating definition of 'injury'. I just did not expect the lack of reflection among case managers; particularly since most of them have a similar background in the social studies as I.

What I saw as the main factor in their limited reflection could be located in what C. Wright Mill's named the sociological imagination. The sociological imagination is a metaphor for that which "enables us to take into account how individuals, in the welter of their daily experience, often become falsely conscious of their social positions" (Mills, 1959: 5). Putting the theoretical baggage of *false consciousness* aside, I felt case managers were so caught up in the fast paced work of their positions that there was little time to reflect on how 'things' could be different for workers and themselves. Nothing proved this more than case managers' response to when I asked them about other resources they could use to think about 'injury' and the decisions they make. They could

not imagine anything different. Their responses included "access to more healthcare records" (C1; 407) and "I can't think of anything off the top of my head but it's a good question" (C3; 423). It was disappointing to for me to hear these responses.

Taking into consideration case managers' non-reflective stance, I find it appropriate to conclude my work with a discussion on plausible spaces for resistance that WCB might carve out for broadening its definition of workplace injury—to recognize it as a process rather than medical tragedy. I would think the first place to start is with case managers themselves. There is a need for dialogue on new ideas and by this I again refer to the fostering of the sociological imagination. While it is true that scholars and academics can help produce reflexivity as I have attempted to here, there is also a wealth of knowledge that can be reflected upon through practices of comparison, theorization, and debate by the organization's staff. This would require spaces for WCB staff (including management) to start a dialogue on new ideas about injury, which could use a variety of communication forms such as websites, forums, lectures and the like. Research endeavours into the sociality of the injury process such as this one, should be done by more staff at WCB whose voice will more readily be heard than externals to the organization. If resistance does not start with WCB's internal reflection, I will remain pessimistic that a significant broadening of injury will be well received or even acknowledged. Even I had significant barriers to completing this research project being one of their own staff. The trust vested in externals to WCB would be even less. Without reflection from within the WCB, the organization will have what Luke called "dead thinking".

The question then is how I imagine the power of WCB might produce the injury process into different forms. Central to the argument throughout my work is the broadening of injury to include discourses outside of medical science. I believe there is a role to play for experts in the social realm—sociologists, anthropologists, political scientists, and others who could be used at the level of *pastoral power* to explore the political realities of labour for individual workers. The ways in which WCB, and capitalism for that matter, reproduces workers into similar life circumstances should be taken into consideration during the decision making practices of case managers. The ways in which workers are reproduced towards similar occupations, economic conditions, and a strong plausibility for re-injury could be used to make decisions about the level of entitlement to benefits and services. Leaving the vectors of power directed from those practicing medical science achieves quite the opposite effect, as I have shown. Therefore, there should also be made room for policy consultation that includes *truth-tellers* outside of medicine. The injury process is currently one of medeaucracy, and the *truth-tellers* of medicine and economy. Let us bring a social and cultural voice to the policies and practices of WCB.

Another possibility is the creation of new alignments with other non-profit groups and labour organizations. As Butler reminds us, the continued survival of the Left is dependent on the affiliations we create across groups of similar cultural stances and positions (Butler, 1997). This is particularly important as the individualizing tactics of WCB and elsewhere, does not readily encourage injured workers to form a collective voice as I have discussed earlier. An alternative is to form alliances with stakeholder groups with similar welfare purposes to strengthen our ability to broaden the definition of

injury. Occupational Health and Safety, worker unions, and non-profit insurance companies could serve as possibilities.

Lastly, there is a desperate need for further academic research from the cultural studies and political-economy perspectives to be done. New ideas and reflexivity will prove useful for WCB, workers, and employers to pursue their one adventure in being reflective upon their practices and inactions. There is a role to play for academia to work "against the *doxa* of [injury]…by analyzing it and trying to understand the mechanisms through which it is produced and imposed" (Bourdieu, 1998_a: 31). My work here is the tip of the iceberg so I am optimistic that others will gain interest and pursue work on this important topic of workplace injury that remains largely uncultivated in a sociological fashion.

Nevertheless, it is critical to recognize that WCB, like other mainstays of the welfare state, exists in the wake of neoliberalism. WCB constantly runs a dangerous political line with its financial expenditures constantly under the guise of the state, which is a state off to the Right. As such, I feel it would be interesting to explore additional sites to further learn about the injury process including WCB's relationship with the state proper. It is at this site that I have suspicion that we would learn of a fear WCB has, preventing the WCB leadership from encouraging resistance. I suspect these fears include the termination of the organization itself. Then again, if WCB adheres to the neoliberal discourse and continues to reduce its benefits and further narrow its definition of 'injury', it will prove useless to workers and dissolve. Through its avoidance of resistance for the sake of the organization's survival, it may ironically self-fulfill the neoliberalists' prophecy.

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Appendix A: Interview Guides

Interview Guide (Employer)

1. Please start off by telling me about your overall experience with workplace injuries.
2. How would you say an injury happens? What are the common causes?
3. What are your biggest challenges surrounding workplace injury?
4. Please describe your relationship with WCB-Alberta.
5. What expectations do you feel WCB has of you?
6. What expectations do you have from WCB? From your staff? From injured staff?
7. Do you feel your staff return to work in due time after an injury? Why or why not?
8. What are the barriers you experience in getting your staff back to work?
9. How would you describe your staff? Specifically, the group that is most commonly injured?
10. What staffing challenges do you have? How does that play a factor in their injury?
11. If you could change WCB, what would you change?
12. Some would say that WCB only considers medical information. What is your opinion on that statement?
13. How would you describe the role that medical practitioners play in the course of an injury? If you could change the medical process, what would you like to see happen?
14. Do you feel WCB is a fair system? How or how is it not fair?
15. Do you feel your premium rate is fair? Why or why not?

Interview Guide (Injured Worker)

1. Tell me how you would define an injury?
2. Describe for me, what you feel contributed to your injury occurring?
3. Tell me how you feel about the medical treatment you received?
4. Do you think the medical providers understood your injury and what you were going through? Why or why not?
5. What information do you feel was not used when your Case Manager made decisions? Why do you think this information was not considered?
6. When your benefits ended, do you think the decision was fair? Why or why not?
7. Did your date of accident employer keep your job for you?
8. If not, why do you think they didn't keep your job for you?
9. Did you employer offer you different work?
10. Do you think your employer provided a safe work environment? Why or why not?
11. Who do you think funds WCB?
12. Employers who pay premiums fund WCB. How do you think this affects the benefits WCB pays to you?
13. If you were to describe WCB as an organization, how would you describe it?
14. Do you think about your body differently? How?
15. How has your injury affected your everyday life? Are there things you do differently?
16. Has your perception of what it means to be 'injured' changed? If so, how?

Interview Guide (Case Manager)

1. Tell me about what you do at WCB
2. How does a WCB injury happen? Can you give me an example
3. What makes an injury 'work-related'?
4. (you mentioned seeing physicians) What role do various practitioners of medicine play in injuries? In WCB?
5. What does it mean to 'close' a claim?
6. How do you "close" a claim? What sorts of information do you use? How do you use that information?
7. When you make decisions, what sorts of information is/is not considered? Can you give me some examples?
8. What happens to people who are not able to go back to their regular work? What if they do not find a job?
9. What does WCB expect from workers? From employers?
10. Tell me about a time a worker appealed your decision?
11. What are some of the reasons for their appeals?
12. Have you ever suspended a worker's benefits? Please tell me about that? Are there any other reasons benefits would be suspended?
13. What do you expect from WCB?
14. If you could change WCB, what would be different? How do you make those changes occur? If you cannot make them occur, what is preventing you?